**FLRC 2017-REGISTRATION FORM**

**(Please fill this form and send to the conferenceflrc@gmail.com before 6th December 2017)**

1. **Basic Information** [Please tick (√) as appropriate]

|  |  |  |
| --- | --- | --- |
| 1 | Title  | Rev. Prof.  Dr.Mr. Ms. |
| 2 | Full Name  | Click here to enter text. |
| 3 | Name with Initials  | Click here to enter text. |
| 4 | Institutional Affiliation  | Click here to enter text. |
| 5 | Institutional Address  | Click here to enter text. |
| 6 | Telephone  | Click here to enter text. |
| 7 | E mail  | Click here to enter text. |
| 8 | Personal Address  | Click here to enter text. |
| 9 | Title of the Abstract  | Click here to enter text. |

1. **Registration Category** [Please tick (√) as appropriate]

|  |  |
| --- | --- |
| Category | Onsite RegistrationOn 15th December 2017 |
| Local Participant | LKR 1000 |  |
| Undergraduates of the University of Sri Jayewardenepura  | Free |  |
| Staff Members of the University of Sri Jayewardenepura  | Free |  |