

12th International Conference on Sri Lanka Studies

Participant Registration Form

Title:

Name

Affiliation:

Designation:

Address:

Line 01:

Line 02:

City:

Postal Code/ZIP:

Country: SRI LANKA or other (Please write here) >

Contact Telephone:

Preferred Name for name-tag:

Paper presenter: YES/NO

Payment Details

Paid on:

Payment mode: CASH/CHECK/BANK DEPOSIT/TRANSFER

To: Commercial Bank Branch or to RASSL

Check No: Bank: Date :

Please provide payment proof here