Final Information Form for Author(s)/ Presenter(s) ­ ICHSS 2017

Dates of the Event: 28th and 29th of July 2017

Event Address: Faculty of Arts, University of Peradeniya, Sri Lanka

Contact us at (94)775777033 / (94)812386173

\* Required



1. 1) Title \*

*Mark only one oval.*

Rev.



Prof.



Dr.



Mr.



Mrs.



Miss



Ms.



Other:



2. 2) Name (as you want it to appear on the Certificate) \*



1. 3) Conference Status \*

*Mark only one oval.*

Presenter



Author



Co­author



Other:



1. 4) Institutional Affiliation \*
2. 5) Email Address \*
3. 6) Postal Address \*



1. 7) Contact Number (Telephone/ Mobile) \*
2. 8) Extended Abstract Number \*
3. 9) Title of Extended Abstract \*



1. 10) Do you require multimedia facilities? \*

*Mark only one oval.*

Yes



No



1. 11) In addition to general multimedia facilities, do you require any other technical assistance? \*

*Mark only one oval.*

Yes



No



12. If yes, please specify your additional technical requirement/s.



1. 12) On what days will you attend ICHSS 2017? \*

*Check all that apply.*

Day 1 (28th of July 2017)



Day 2 (29th of July 2017)



Day 1 and Day 2 (28th & 29th of July 2017)



1. 13) Will you be attending the Inaugural Ceremony and the Conference Dinner? \*

*Mark only one oval.*

Inaugural Ceremony only



Conference Dinner only



Inaugural Ceremony and Conference Dinner



1. 14) Meal Preference \*

*Mark only one oval.*

Vegetable



Meat



Fish



Egg



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