



International Conference on Business Innovation for Inclusive Development (ICBIID 2026)

Conference Registration Form

(Please print & fax or email to us)

Kindly scan and email your payment slips to: icbiid2026@iuc.ac.bd

| | | |
|-------------------------|---|--|
| Register As | : | <input type="checkbox"/> Presenter <input type="checkbox"/> Participant <input type="checkbox"/> Student |
| Salutation | : | |
| First Name | : | |
| Last Name | : | |
| Institution/Affiliation | : | |
| Designation | : | |
| Department | : | |
| Institution Address | : | |
| Country | : | |
| Email Address | : | |
| Contact Number | : | |
| Food Preference | : | <input type="checkbox"/> Non-vegetarian <input type="checkbox"/> Vegetarian |
| Payment Options | : | <input type="checkbox"/> Local Order <input type="checkbox"/> Telegraphic Transfer <input type="checkbox"/> Cheque (Payable to ICBIID) BANK Account Name: ICBIID Account Number: 20501620206615318 Bank Name: Islami Bank Bangladesh PLC Branch Name: Chawkbazar SWIFT Code: IBBLBDDH162 City: Chittagong Country: Bangladesh BKASH Account Name: Nur Alam Bkash Number: 01719719488 Type: Personal |
| Date | : | --/--/2025 |

Note : No refund will be given. If registered participant/presenter is unable to attend, a replacement is allowed