**INFORMATION ON REGISTRATION & PAYMENT OF FEES**

Please fill the attached registration form and send together with a proof of payment on or before **30 October 2014** to confirm your participation. A confirmation of participation will be sent by e-mail after the conference organisers have received the related payment and any necessary documentation. Presenters will additionally be requested to present a proof of payment at the registration counter on Conference day.

Method of payment is as follows:

FOREIGN PARTICIPANTS/OUTSIDE MALAYSIA

Payment can be made via TELEGRAPHIC TRANSFER (TT) to the following:  
  
Name of Recipient : Universiti Sains Malaysia (USM)  
Name of Local Bank : Bank Muamalat Malaysia Berhad (BMMB)  
Address of Local Bank : BMMB Universiti Sains Malaysia  
 11800 Minden, Penang, Malaysia  
Account No. : 070-20001054-716  
Swift Code : BMMB MY KL

Please note that all bank/transfer charges must be borne by the participant and as such foreign participants are requested to ensure that the bank charges are not deducted from the conference fees. Once payment has been made, kindly write clearly your name, institution, contact number, e-mail address and "ICLLIC 2014" at the back of the TT document/bank-in-slip. Please fax the document to +604-6563707 or e-mail a scanned copy to [icllic@usm.my](mailto:icllic2010@usm.my)

LOCAL PARTICIPANTS/WITHIN MALAYSIA

Payment can be made by **bank draft** to "BENDAHARI USM (ICLLIC, 2014)” or via **online bank transfer** to the following account no:

Name of Recipient : Universiti Sains Malaysia (USM)  
Name of Local Bank : Bank Muamalat Malaysia Berhad (BMMB)  
Address of Local Bank : BMMB Universiti Sains Malaysia  
 11800 Minden, Penang, Malaysia  
Account No. : 070-20001054-716

Once payment has been made, kindly write clearly your name, institution, username, contact number, e-mail address and "ICLLIC 2014" at the back of the bank draft. Please fax the document to +604-6563707 or e-mail a scanned copy to [icllic@usm.my](mailto:icllic2010@usm.my). For information on conference fees, please refer to the conference website at **http://icllic2014.weebly.com/.**This email address is being protected from spambots. You need JavaScript enabled to view it.

|  |  |
| --- | --- |
| INTERNATIONAL CONFERENCE ON LINGUISTICS, LITERATURE & CULTURE ICLLIC 2014  **26 – 28 November 2014**  **The Royale Bintang Penang, Malaysia** | |
| **Registration Form**  Please complete this form with accurate and current information. | |
| Status (Select ONE):  Academic Presenter / Student Presenter / Non-Presenting Participant | Full Name: |
|  |  |
|  |  |
| Nationality: | Title: Prof. / Assoc. Prof. / Dr. / Mr. / Mrs. / Miss / Ms. |
|  |  |
| Mailing Address: | Name of Institution/Affiliation: |
|  |
|  |
| Email address: |
|  |
|  |
| Telephone: |
|  | Fax No: |
| Title of Presentation (If applicable): | |
|  | |
|  | |
| Registration Fee Payment:  Amount paid: RM/USD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| I have made/will make the payment via  Telegraphic Transfer Please fax or email us the statement of remittance  Bank Draft/Money Order Bank Draft/Money Order Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  ATM Deposit  Please scan and email us the ATM receipt  Reference no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Payment by LO  On site payment (cash)  Amount RM/USD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Dietary Requirement:  Vegetarian Non-vegetarian | Attendance for Conference Dinner:  Yes No |