**REGISTRATION FORM**

August 28-30, 2026 | Milan, Italy

NOTE: Please submit this form along with your proof of payment to CCCE at ccce\_conf@outlook.com.

PARTICIPANT INFORMATION \*Compulsory Items

|  |  |
| --- | --- |
| **\***Registrant Name:  | Male□ Female□ |
| \*Prefix:  | \*A clear photo |
| \*Affiliation:  |
| \*Valid Shipping Address:  |
| \*Country:  | \*State/Province:  | \*City: |
| \*Tel.:  | \*ZIP/Post Code:  |
| \*E-mail:  | Student ID Number:  |
| Name of Attendee:  |
| Special dietary:Diabetic□ Vegetarian□ Muslim□ Other□ (please specify: ) |
| Invoice Title (receipt title): |

Conference Fees (USD or CNY)

|  |  |  |
| --- | --- | --- |
| Category | Regular Registration | Qty. |
| Delegate-Student Participant | 350 USD |  |
| Delegate-Participant | 400 USD |  |
| One Day Tour | 150 USD  |  |
| Total |  |

Cancellation Policy:

* One Day Tour is optional for all participants.
* For Onsite registration, **extra 50USD** will be charged based on regular fee.

Payment Terms

1. **Credit Card** (no handling fee)

[**https://confsys.iconf.org/awxpay**](https://confsys.iconf.org/awxpay)

Please make sure you have VISA or Mastered Card Credit Card before clicking this link. You should also calculate the right amount first before you make the payment. And please fill in the E-mail and Order ID after paying.

|  |  |
| --- | --- |
| Email Address of the Payment  | Order ID  |
| **Total Amount You Paid:**   |

1. **PayPal** (US$30 will be additionally charged as handling fee)

Please send online payment to pay@academic.net using PayPal and fill in the form below after paying.

|  |  |
| --- | --- |
| Your PayPal Email address: |  |
| Paid Amount: |  |
| Date of Payment: |  |

1. **Bank Account** (US$30 will be additionally charged as handling fee)

Account Name: IACT

Account Number: 3250-3301-2737

Name of Bank: Bank of America

Bank Address: 444 Garey Ave, Pomona, CA 91766

SWIFT Code: BOFAUS3N

Routing number: 026009593

beneficiary address: 95 Shaddy Wood, Irvine, CA, USA

|  |  |
| --- | --- |
| Your Bank Account Name: |  |
| Paid Amount: |  |
| Date of Payment: |  |

CCCE 2026

Milan