

## REGISTRATION FORM

### INTERNATIONAL ACADEMY OF BUSINESS AND PUBLIC ADMINISTRATION DISCIPLINES (IABPAD) CONFERENCE

#### Virtual Summer Conference

**June 20-21, 2025**

Last Name: \_\_\_\_\_ First Name & Middle Initial \_\_\_\_\_

Organization/Affiliation \_\_\_\_\_

Personal Email: \_\_\_\_\_ Phone No. \_\_\_\_\_

Submission Title(s) and Paper Number(s): \_\_\_\_\_

Appropriate track (s) for your paper \_\_\_\_\_

Your coauthor(s): \_\_\_\_\_

- Each person attending the conference must pay the registration fee.
- Registration fee is **\$375 by credit card, money transfer, or PayPal and \$350 by check** per person for one or two submissions if paid **by February 20, 2025**. **Each additional submission beyond two is \$25.00.**  
The late registration fee is **\$425 by credit card, money transfer, or PayPal and \$400 by check** per person if paid **after February 20, 2025**.

Student registration is **\$275** by credit card, money transfer, or PayPal and **\$250 by check** .

Late registration is **\$325** by credit card, money transfer, or PayPal and **\$300 dollars by check**.

(Student should attach a letter signed by the Department Head verifying student status)

- **Registration fee is not refundable**
- Method of payment: University/College Check \_\_\_\_\_  
Personal Check \_\_\_\_\_  
Money Order \_\_\_\_\_  
Credit Card \_\_\_\_\_ (please fill in the card information on the second page and submit it with the registration form)  
Money Transfer \_\_\_\_\_  
PayPal \_\_\_\_\_ On the website [www.iabapd.com](http://www.iabapd.com)
- Please make your payment payable to **IABPAD** and email it or mail it with the registration form to:  
**Dr. Raja Nassar, Conference Chair**  
**IABPAD,**  
**P.O. Box 295**  
**Ruston, Louisiana 71273**
- Please indicate if you wish to serve as \_\_\_\_\_ Discussant \_\_\_\_\_ Session Chair

If yes, indicate your area of interest\_\_\_\_\_

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**REGISTRATION FEE PAID BY CREDIT CARD**

Last Name: \_\_\_\_\_ First Name & Middle Initial\_\_\_\_\_

Master Card

Discover

Visa

Credit Card Number:

Credit Card Expiration Date:

Credit Card Billing Address:

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Authorized Name:

Signature: