

**PARTICIPANT REGISTRATION FORM**

Name and Title	
Institution/ Organization	
Postal Address	
Email address	
Contact No.	
Status of Participation (please tick one)	<input type="checkbox"/> Presenter <input type="checkbox"/> Participant
If presenter state type of presentation:	<input type="checkbox"/> Paper <input type="checkbox"/> Workshop <input type="checkbox"/> Poster
Equipment needed	<input type="checkbox"/> OHP <input type="checkbox"/> LCD <input type="checkbox"/> Others*

* Presenters have to make their own arrangements

If you are a presenter make sure you visit the website www.icelt.com.my and fill in the registration form. If you do not have access to computers, write your abstract and biodata and fax them to 03-89468222/ 03-89467916.

Paper and workshop proposals can also be sent via email attachment to: icelt@icelt.com.my and icelt2011@gmail.com

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