

Student Certification Form

- ALL PERSONS REGISTERING AS STUDENTS MUST COMPLETE THE FOLLOWING FORM, OR THE FULL GENERAL PARTICIPANT FEE WILL BE CHARGED.
- PLEASE, TYPE OR PRINT IN ENGLISH IN BLOCK LETTERS.
- RETURN BY FAX ONLY (to ICCT Secretariat +98(411)337 5491)
- COPIES SENT BY E-MAIL WILL NOT BE ACCEPTED.

Please print only one participant per form

Student's First Name: _____
Student's Last (Family) Name: _____
Faculty: _____
Address: _____
Postal Code: _____
Town: _____
Country: _____
e-mail: _____

I hereby certify that the presenting author is the undergraduate student.

Professor's First Name: _____
Professor's Last (Family) Name: _____
Affiliation: _____
Country: _____
Phone: _____
Fax: _____
e-mail: _____

Professor's signature _____

Date: _____

place seal here

Please provide the Student Certification Form with signature and seal to ensure your Student Conference registration.