**ICTS2025 Registration From**

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| Name |  |
| Title | e.g. Prof./Dr. |
| Institution |  |
| Email |  |
| No. and name of minisymposium |  |
| The title of paper |  |
| Giving a presentation or not | Yes/No |
| Presenting author | Please provide the name of the presenting author |
| Member or student member of ASME or not | Yes/No |
| Registration and payment method | Register and pay by bank transfer or on-site |