

PAPER/MANUSCRIPT SUBMISSION FORM

PLEASE SUBMIT THIS FORM TOGETHER WITH YOUR PAPER/MANUSCRIPT

Paper Title		Topic number (as indicated in the call for papers)	Specific Code <u>AYRF2026-000th</u> (ATRANS Secretariat use only)
-------------	--	---	---

1 st Author name	Title name: Mr./Mrs./Ms./Dr./other (specify)..... First name: Middle name: Last name:
Position	
Affiliation	
Address	
Tel & Fax	
E-mail	

1 st Co-Author name	Title name: Mr./Mrs./Ms./Dr. First name: Middle name: Last name:
Position	
Affiliation	
Address	
Tel & Fax	
E-mail	

2 nd Co-Author name	Title name: Mr./Mrs./Ms./Dr. First name: Middle name: Last name:
Position	
Affiliation	
Address	
Tel & Fax	
E-mail	

3 rd Co-Author name	Title name: Mr./Mrs./Ms./Dr. First name: Middle name: Last name:
Position	
Affiliation	
Address	
Tel & Fax	
E-mail	

Corresponding Author Name: (*Only one author who make a presentation on 28 August 2026)	
--	--

Please be noted that:

** A paper should be submitted in both MS **Word and PDF formats** as attached file to ATRANS Secretariat at email:

papers.atransyrf@gmail.com

** **Please use only the Corresponding Author's email for contact with ATRANS Secretariat.**

** **Deadline of manuscript submission is 19 July 2026.**

Abstract	Please type your abstract in the box below. An abstract should contain no more than 300 words.
Keywords	