



# REGISTRATION FORM



## 2nd ASIAN AND OCEANIAN PARKINSON'S DISEASE AND MOVEMENT DISORDERS CONGRESS 15th – 17th February 2009 NEW DELHI, INDIA

\*Category       Faculty                       Physician                       Student

\*Full Name Initial                      Prof. / Dr. / Mr. / Ms.

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_

\*Mailing Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ Pin Code \_\_\_\_\_  
State \_\_\_\_\_ \*Country \_\_\_\_\_

Institution \_\_\_\_\_  
\*Email \_\_\_\_\_

Telephones \_\_\_\_\_

Residence \_\_\_\_\_  
\*Office \_\_\_\_\_  
Fax \_\_\_\_\_  
Mobile \_\_\_\_\_

### Passport Details (For foreign nationals only)

Number \* \_\_\_\_\_ Place of issue \* \_\_\_\_\_  
Date of issue\* \_\_\_\_\_ Date of Expiry \* \_\_\_\_\_

### Payment Details

I am enclosing herewith a Demand Draft/Pay Order/Banker's cheque No. \_\_\_\_\_  
Dated \_\_\_\_\_ drawn on \_\_\_\_\_ bank, for Rs. \_\_\_\_\_  
(in words \_\_\_\_\_ )

Fee should be payable by Demand Draft/Pay Order/Banker's cheque in favour of "AOPMC 2009"  
payable at Par, New Delhi and sent to the Conference Secretariat. Please add Rs. 150/ only for outstation  
cheques.

**Conference Secretariat :**  
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\* Compulsory fields

Please keep a Photocopy of the Registration form for your record.