

**IPRAS 2009
REGISTRATION FORM**



29th Nov-3rd Dec 2009, Hotel Ashok,
New Delhi



- Compulsory fields- Please fill all fields in block letters except e mail id
- Kindly check the fee applicable to you from the fee structure page under Registration

Category*

(Tick as applicable) Faculty/Physician/Student/Nurse

Name

Last Name* _____ Initial _____ First Name* _____

Sex

(Tick as applicable)

Male

Female

Mailing Address*

City* _____

Postal Code* _____

State* _____

Country* _____

Institution*

E mail 1*

E mail 2 _____

Telephones: Country Code/ _____

City code _____ Number _____

Residence _____

Office * _____

Fax _____

Mobile _____

Passport Details (For foreign nationals only)

Number * _____

Place of issue * _____

Date of issue * _____

Date of Expiry * _____
(must be 3rd June 2010Min)

Accompanying Persons: No. _____

Category 1 / Category 2

(Tick as applicable)

Name _____

Relation _____

Passport Number _____

Place of issue _____

Date of issue _____

Date of Expiry _____
(must be 3rd June 2010Min)

Payment Details: (Fill amount in Rs.)

Delegate: _____

Accompanying Person: _____

Gala Party: _____

Accommodation Advance _____

Travel & Tours : _____

Master Class/HID _____

Total Amount * _____

Money being sent by: Swift Transfer/ Cheque at par/ DD payable at New Delhi in favor of "IPRAS 2009"

(Tick as applicable)

Demand Draft / Cheque No. _____ Dated: _____ Bank Name: _____

All money transfer cost toward 'Tour & Accommodation' will be borne by the delegate.

I agree to the terms and conditions*

Signature*

***Kindly send Registration fee within 15 Days after fax /e-mail of registration form or the registration will be cancelled.**

***Separate forms for Gala Party , Travel & Tours, Master Class & Accommodation need to be filled.**

Conference Secretariat

IPRAS 2009

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