IPRAS 2009



ACCOMMODATION REQUEST FORM



· Compulsory fields:	Please fill in capitals
Registration Number*	
Delegate Name*	
Hotel Name (Preference 1)*	
Hotel Name (Preference 2)	
Number of Rooms*	
Number of Persons*	
Occupancy*(Tick as applicable)	Single / Double / Twin Sharing
Date of Check In*	Date of Check Out*
* If you require a Club Room or	ed on the basis of preference 1 for one night/ room or as applicable r Suite, please write to us at desk@ipras2009.org.
Payment Status * (Tick as appli	icable) Pay Now / Already Paid with Registration Fee.
All registrations for IPRAS 20 form. All Payments to be made	009 must be submitted online or by fax/mail, using the official registration de in Indian Rupees only.
•	vards 'Accommodation' will be borne by the delegate.
Select Any Pay Mode*	
Money being sent by: Swift 2009" (Tick as applicable)	Transfer/ Cheque at par/ DD payable at New Delhi in favor of "IPRAS
Demand Draft / Cheque No	Dated:
Bank Name:	
I agree to the terms and cond	ditions*

Signature*

All forms must be filled & sent to the below address latest by July 15, 2009

Conference Secretariat IPRAS 2009

IPRAS 2009 B-18, Swasthya Vihar, Vikas Marg, New Delhi-110092.

Email: desk@ipras2009.org
Website: www.ipras2009.org