

Accommodation Form

Reg. No. _____

Personal Details (Please Use BLOCK LETTERS)

APSI Membership No. _____

Title _____ Surname _____ First Name _____

Mailing Address* _____

City _____ State _____ Pin Code _____

Tel. No. Res. _____ Tel. No. Clinic _____
(STD Code) (City Code) (Local Number) (STD Code) (City Code) (Local Number)

Fax _____ Mobile No.* _____
(STD Code) (City Code) (Local Number)

Email* _____

Accompanying Persons: 1. _____ Age _____

2. _____ Age _____

3. _____ Age _____

Choice of Accommodation

Choice 1 : _____

Choice 2 : _____

Choice 3 : _____

Type of Room Requested :

Single Occupancy _____ Double Occupancy _____

Twin Sharing Room : Room Sharing with _____ Reg. No. _____

Triple Occupancy : Room Sharing with 1. _____ Reg. No. _____

2. _____ Reg. No. _____

Payment Details :

One Night's Deposit Rs. _____ (In Words _____)

Mode of Payment

1, Credit Card No. _____ Date of Expiry _____ / _____ Card : VISA / Mastercard

2. Cheque / Draft No. _____ Date _____ / _____ / _____ Drawn on _____ Bank

3) NEFT / Wire Transfer No. _____ Date _____ / _____ / _____ Bank _____

Signature of Delegate: _____

(Last Date of Booking an Accommodation : 30th June 2010)

(* Indicates mandatory field.)