

R Registration Form

Reg. No. _____
(For Office use only)

Personal Details (Please Use BLOCK LETTERS)

APSI Membership No. _____

Title (Professor / Dr / Mr / Mrs / Ms / Miss) : _____
Surname First Name*

Age: _____ yrs. Sex : Male / Female

Name as you wish it to appear on your Conference Badge _____

Institution /Organization _____

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 _____

Meal preference : Vegetarian / Non Vegetarian

Payment Details :

Category	Preferred Registration Before 31st March 2010	Regular Registration Before 30th June 2010	Late Registration After 1st July 2010 & Spot
APSI Member			
Non Member			
Overseas Delegates			
Postgraduates			
Accompanying Person			
Accommodation Advance			
Banquet Charges			
Total Amount			

Total Amount Paid Rs. _____ (In Words : _____)

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: _____

(The Receipt of the payment made for the Conference will be given at the Venue on the day of Conference.)

(* Indicates mandatory field.)