

REGISTRATION FORM:

Name: Age:Yrs Sex: M/F, Designation:

Address for Communication

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Indiclen Membership Yes / No - If Yes specify the number.....

Phone No: Fax: Mobile No:

E-Mail: Registration Fee:

Fee for accompanying person(s).....

Food Preference **VEG / NON VEG**

Mode of Payment: online Transfer (or) Demand Draft (Tick one) Demand

Draft Details : Draft for Rs. No.....

Date.....Bank Drawn on.....In favour of Clinical Epidemiology

Unit A/C AHERF.

Hotels and Their Tariffs

S.No	Hotel Name	Tariff A/C	Tariff Non A/C
1.	Prabha Grand INN	2000	1300
2.	Saroj Krishna	1200	1000
3.	Sindhu Towers	1400	1100
4.	Bans the Hotel	2000	1500

Registration fee for the conference includes Conference kit, Souvenir, Certificate, Lunch & Refreshments for the two days of the Conference. Kit will not be provide for Co-delegates

Participants have to arrange their own accommodation