

27th Conference of Indian Academy of Neurosciences

December 18 - 20, 2009

REGISTRATION FORM

Receipt No. _____ (Office use)

Kindly use full CAPITALS for filling the form

Delegate IAN Member PG Student*

Name: Prof./Dr./Mr./Ms.

Academic Qualifications:

Designation:

Name of the Organization/Institution

Accompanying person/spouse name:

Mailing Address:

.....

City: PIN Code State

Country E-mail:

Phone: STD Code: (R) (O)

Fax: Mobile:

Type of Food Preference Vegetarian Non Vegetarian

Type of Accommodation Hostel Campus Guest House Hotel [Type/3/4/5 Star]

Payment Details:

1. IAN Member: Rs.

2. Delegate: Rs.

3. Corporate Delegate Rs.

4. Accomp. Person/Spouse: Rs.

5. PG Student: Rs.

6. Others (Accommodation): Rs.

Total: Rs.

FOR FOREIGN DELEGATES ONLY

Passport No.: Date and place of issue

Mode of payment by Demand Draft/At Par Cheque drawn in favour of "IAN 2009" payable at **Jaipur**. In out station cheques please add Rs. 100 as bank collection charges.

D.D./Cheque payable at Par No. Dated

Bank details:

Signature of Delegate

Date:

Please mail completed Registration Form with Payment to

Conference Secretariat,

Dr. Anurag Tomar,

Organising Secretary

IAN 2009, **NIMS City Centre,**

4, Govind Marg, Jaipur-302004 (India);

Ph.: 91-141-2604040, 2611020; Fax: 91-141-2605050; Mobile: 9829061020;

E-mail: ianjaipur@rediffmail.com; anurag@nimsr.com

* PG students should submit certificate from the Head of the Department.

N.B. Please photocopy this form, if more copies are required.

Kindly attach your visiting card with this form.