

REGISTRATION FORM

Kindly use CAPITAL LETTERS

Name			
Sex			
Nationality			
Designation			
Organization (with address)		Mailing Address	
Contact No.	Res. Cell:	Off.	
E-mail			
Category	<input type="checkbox"/> National Delegate <input type="checkbox"/> International Delegate <input type="checkbox"/> Post Graduate		
Payment Details	DD/Cheque No. Bank Details:	Dated:	
Terms & Conditions: <ul style="list-style-type: none"> ▪ Mode of payment by Cheque / Demand Draft drawn in favour of IND-IPAC 2009 payable at Mysore, Karnataka State, INDIA. ▪ PG students should furnish a letter/certificate from their respective Institutions signed by Head of Department. ▪ The Conference committee has negotiated concessional tariff for accommodation in selected hotels. For details visit www.ind-ipac.com or contact Conference Secretariat. 			
Send this completed form to: ASHA KIRANA HOSPITAL, #CA-1, Ring Road, Hebbal Industrial Housing Area, Next to J. K. Tyres Radial Plant Green Belt, Mysore - 570 016. Karnataka State. INDIA. Ph: +91-821-4280466, 2497729. Cell: +91-9008491101. E-mail: ipac.akh@gmail.com			

Signature of delegate

Registration Fee:

Date (upto)	National Delegate	International Delegate	Post-Graduate
September 30, 2009	Rs.2,000/-	\$70	Rs.1,000/-
October 30, 2009	Rs.2,500/-	\$100	Rs.1,500/-
Spot Registration*	Rs.3,000/-	\$150	Rs.2,000/-

(* Conference kit not assured)

Last Dates:

Abstract Submission : October 15, 2009
Scholarship Application : October 15, 2009
Late Breaker Submission : November 01, 2009