



September 2012
21 Friday - 23 Sunday
Chennai, India

Registration Form

Title (choose one) Prof Dr Mr Mrs Ms

Family Name

First Name

Preferred First Name (For Name Badge)

Mailing Address

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City

State

Country

Postcode / ZIP

Email

Telephone Number
(with country and area codes)

Fax
(with country and area codes)

Accompanying person: Family Name

First Name

Ages of Accompanying Children

Special Requirements and Remarks (Health, Diet etc.)

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The Congress Secretariat will estimate the charges for these additional requirements and communicate to you by e-mail and make the necessary bookings after that.



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Accommodation

- I prefer to make my own arrangements*
 I wish the secretariat to make the reservations for me

Please look up the website for hotels around the conference venue. The Conference Secretariat will communicate to you the hotel options by e-mail and make the necessary bookings after that.

Date of Arrival _____ **Time** _____

Date of Departure _____

Sharing With _____

Hotel name Option 1 _____ **Option2** _____

If you are sharing a room with another delegate. Kindly make reservations only on one form.

Payment details

- I enclose Bank Draft*
 I will transfer the remittance to your bank

For Office Use only