

# Current Trends in EPILEPSY

An international Symposium

## REGISTRATION FORM

Please Fill In Block Letters

Reg No. / Receipt No. ....

For Official Use Only :Date of receipt of form: .....

Name: Dr.....

(Surname) (First name) (Middle name)

Designation.....

Affiliation / Institution. ....

Mailing Address.....

City.....

State..... PIN.....

Tel. No (O):.....

(City code) (Local number)

Tel. No. (R).....

(City code) (Local number)

Mobile No.....

Email Address.....

Fax No.:.....

(City code) (Local number)

Accompanying Person(s) Name (Spouse, children over 12 years)

1.....2.....

3.....4.....

\*PG Students need to submit a letter from the Head of the Department of their respective college / institution.

\*\* Children over 12 years would be treated as accompanying person.

### Registration Fee

#### Timeline 2006

Early Bird 15 May-30 June

Routine 03 July-31 Oct

Spot At Venue

### Indian & SAARC\* Delegates

#### Delegates Residents\*\*

Rs 1500/-

Rs 2500/-

Rs. 3500/-

Rs 1000/-

Rs 1250/-

Rs. 2000/-

### International Delegates

#### Delegates Residents\*\*

150 USD

175 USD

200 USD

100 USD

150 USD

175 USDa

\*Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka.

\*\*Certificate to be attached.

Please circle the appropriate type of registration

**Payments to be made by DD/Banker's Cheque only, drawn in favour of "C.T.I.E." State Bank of India, Ansari Nagar, Payable at New Delhi.**

I am enclosing herewith DD/Banker's Cheque No.....

Dated.....Drawn on. .... Bank, for

Rs ..... (In words, .....

.....

payable at New Delhi.

Date..... Signature.....

Please keep a photocopy of the form for your record. Please fill in and send along with the

Registration Fee to conference secretariat