



Registration Form **DNACON - 2009**



XI Annual Conference of Delhi Neurological Association

7th-8th February 2009

*Category ☐ Faculty ☐ Delegate ☐ Student

*Full Name

Initial Prof./Dr./Mr./Ms.

Last Name _____

First Name _____

*Mailing Address _____

City _____ Pin Code _____

State _____ *Country _____

Institution _____

*Email _____

Telephones

Residence _____

*Office _____

Fax _____

Mobile _____

Payment Details

I am enclosing herewith Cash/Demand Draft/Pay Order/Banker's cheque No. _____

Dated _____ drawn on _____ bank, for Rs. _____

(in words _____)

Fee should be payable by Cash/Demand Draft/Pay Order/Banker's cheque in favour of
“**DNACON 2009**” payable at Par, New Delhi and sent to the Conference Secretariat.

Conference Secretariat :

Dr Sumit Singh

707, Neurosciences Centre

All India Institute of Medical Sciences, New Delhi 110029, INDIA

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Website: www.aiims.edu/dnacon2009.htm

www.aiims.ac.in/dnacon2009.htm

*** Compulsory fields**

Please keep a Photocopy of the Registration form for your record.