INTERNATIONAL CONFERENCE ONNEURO REHABILITATION –Developing skills" 2015

INDIAN HEAD INJURY FOUNDATION

FOR SECRETARIAT USE	
DATE	REGD. NO.

REGISTRATION FORM

VENUE: INDIA INTERNATIONAL CENTRE

THEME: SUBSEQUENT TO A HEAD AND/OR SPINE INJURY"

ATTACH PASSPORT SIZE PHOTOGRAPH

Please complete and return the form with your registration fee to:

Dr. TarunLala (PT) Organizing Secretary, Conference Secretariat, Room No 1014,

Neuroscience OPD, Indraprastha Apollo Hospital, SaritaVihar, New Delhi

Email: ihif.conference@gmail.com Mobile: 9810361690/ Priya 9999433846

Main conference: 27 – 28 Nov 2015

(PLEASE FILL DETAILS IN BLOCK LETTERS)

NAME OF DELEGATE: _____

AGE: _____ SEX: _____ QUALIFICATION:_____

INSTITUTE/HOSPITAL:_____

_____

ADDRESS: _____

_____

STATE : _____ PIN CODE: _____ MOBILE: _____

TELEPHONE (STD CODE): _____ OFFICE: _____RESIDENCE: _____

EMAIL ID (mandatory): _____

WORKSHOP (Please refer brochure/ website)

WS1_____ _ WS2 _____WS3 _____WS4_____WS5_____WS6

REGISTRATION FEE DETAIL

	TILL 15TH JULY	**AFTER 15THJULY**	**SPOT REGISTRATION ***
IHIF Neuro Rehab Group MEMBERS – discount			
NATIONAL DELEGATES	**INR 1200,1500(with 5yr IHIF membership)**	**INR 1500,1800(with 5yr IHIF membership)**	**INR**
INTERNATIONAL DELEGATES	**$ 75(with membership)**	**$ 100(with membership)**	**$**
** SUBJECT TO SEAT AVAILIBILITY*			

PAYMENT DETAILS

PROGRAM	*AMOUNT*	*PAYMENT MODE*	*DD No. with Bank & Branch Detail*
Registration fee		*Cash*	
Workshop		*Demand Draft*	
Total Amount			

Payment can be made by draft/cash. Draft should be drawn in favour of " Indian Head Injury Foundation" .

Date: ..... Signature:.....,.....