



REGISTRATION FORM

DELEGATE / STUDENT / MEMBERS / NON-MEMBERS / OVERSEAS / SAARC (please ☒ tick whichever is applicable)

Name: _____

Mailing Address: _____

Mobile No: _____ E-mail ID: _____

REGISTRATION FEE

As per details below.

PAYMENT DETAILS

Mode of payment: Cash / DD / Cheque Amount _____

(Rupees _____ Only)

DD/Cheque in favour of "IACP CONODISHA" Payable at Cuttack, State Bank of India.

Account Number - 00000032917997472, IFSC Code - SBIN0000059

Registration	Till 31st Oct. 2015	After 31st October	Spot
Members	2500 INR	3000 INR	4000 INR
Non-Members	3000 INR	3500 INR	5000 INR
Students	2000 INR	2500 INR	3000 INR
Overseas	120 \$	180 \$	200 \$
SAARC	70 \$	75 \$	100 \$

Mail to:

AASTHA Rehab Care Society

Natraj Hotel Campus Nimchouri,

Po: Chandini Chowk, Cuttack-753002,

Odisha, Phone:(0671) 2368468, Email: iacpconodisha2015@gmail.com

10th Annual National Conference of Indian Academy of Cerebral Palsy

www.iacpconodisha.com