

REGISTRATION FORM

SECTION 1: REGISTRATION DETAILS

Name: Prof./Dr./Mr./Ms. _____

Designation: _____ Course Details (If, student) _____

Organization/Affiliation: University College NGO

Age: _____ Sex: Male Female

Area: Basic Sciences Clinical Sciences Social Sciences Others

Specialization (Subject): _____

Postal Address: _____

Mobile: _____ Phone: _____

Primary eMail: _____ Alternate eMail: _____
(Compulsory) (if available)

Are you submitting abstract in this symposium? Yes No

Assistance for booking accommodation required? Yes No

SECTION 2: PAYMENT DETAILS

Please tick one Type of Registration

Early/Standard Registration: (On or before 15th November, 2011)

Early Delegate Registration ₹ 3000/- Standard Student Registration ₹ 2000/-

Late Registration: (After 15th November, 2011)

Late Delegate Registration ₹ 4000/- Late Student Registration ₹ 3000/-

Cash (if registration form handed over in person) Demand Draft (DD)

DD No: _____ Date: _____ Bank _____ Branch: _____

Payment should be made by cash or demand draft drawn in favor of **YRG CARE**, payable at Chennai

INSTRUCTIONS

Registration Form: Please use one form per person. Make a copy of this completed form for your record and return this original completed form, via post / courier to the Symposium Secretariat. Registration forms sent without payment and registration details will not be processed.

Student Registration: Students need to submit Xerox copy of student identity card OR a bonafide letter from the Head of the Department of their respective college / institution. This has to be sent along with the registration form and DD.

Payment Information: Registration forms must be accompanied by full payment in order to be processed. Incorrect DD numbers and invalid details are considered non-payments and registration will not take place. No registrations will be accepted by telephone.

Refund policy: No refund will be given but the registration can be transferred to substitute delegates without penalty.

Deadlines: Registration to the symposium is done on a *first-come, first-served basis*. Therefore, participants are requested to register at the earliest to secure registration.

Confirmation: Please allow up to 3 days for eMail confirmation of your registration, after receipt of DD and registration form at the symposium secretariat.

Contact Us: Should you have clarification regarding registration, please contact the Symposium Secretariat at HIVSymposium@yrgcare.org.

DECLARATION

The information provided in the registration form is true and correct to the best of my knowledge. I have taken notice of the registration instructions on this form.

Date: _____ | _____ | _____ Place: _____

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Signature: _____

The Symposium Secretariat

4th National and 1st International Science Symposium on HIV & Infectious Diseases

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