

PHPSMCON 2011

REGISTRATION FORM

Place tick : CME Conference

Name

Gender : Male Female

Designation :

Department :

Address :

Phone :

Mobile :

Email :

MMC Reg. No.

Mode of presentation : Oral Poster

Are you a member of IAPSM/IPHA Yes No

If yes, Membership no.

DD amount Total * :

DD Number :

Date of DD issue :

Bank :

Accompanying person : If Yes, Number

Signature of the Applicant

* - Details of arrival and one day accommodation charges should be paid.

Registration form can be downloaded from www.kimsuniversity.in