

Secretariat Use Only
Date Received:
Registration No.:

$\mathbf{II}^{\mathrm{nd}}$ INTERNATIONAL CONFERENCE OF PHYSICAL THERAPY & WORKSHOP

12-17 Dec 2013 A.I.I.M.S, New Delhi, INDIA

REGISTRATION FORM

Please Complete the form and send with Registration fee. Baban Mohankar, Organizing Secretary, Room No. 17, 6 th Floor, Neuro Sciences Centre, AIIMS, New Delhi-29
Tel: +91-9868914547, 9968700569, 9868919557 E-mail: <u>aiimsincpt@ymail.com</u> , incptaiims2013@gmail.com
Personal Information (Please type or print clearly in CAPITAL LETTERS) *all fields marked with a star are mandatory.
* ☐ Delegate ☐ Student ☐ Invited speaker ☐ Committee member ☐ Government official
First (Given) name: Middle name: *Last (Family) name:
Name for badge & Certificate:
Passport number: (for Visa Purpose)
Organization/Institute/Hospital:
Postal Address:
Postal Code: *City: *Country:
Tel: (country code-area code –tel no.) *Mob.
E-mail address:
Program attending: (Please tick your choices)
☐ Dec 15 Tutorial/CME© ☐ Dec 14, 15 Conference
☐ Dec 12, 13 Pre-workshop ☐ Dec 16, 17 Post-workshop ☐ No charges for tutorial/CME session.

Summary of payment

*Registration fee:

	By 31 st May (Super Early Bird)		By 1 st June- 15 th Oct (Early Bird)		By 15 th Oct - 5 th Dec	Spot
Student	1200.00		1800.00		2200.00	2400.00
Delegates/Govt. Officials	1500.00		2000.00		2500.00	3000.00
SAARC Countries	60 USD		80 USD		100 USD	120 USD
International Delegates	90 USD		120 USD		150 USD	170 USD
*Payment can be made Cheque / Draft should be d Direct money transfers to International SBI NINBB5	rawn in favour the Bank Ac	r of "INCP count no 3	T AII	MS 2013," paya	ıble at New Delhi	
*Program (registration fees)	Amount	Payment mode		DD/cheque no. with bank and branch details		
Conference		Cash				
Workshop		Draft				
Total		Cheque				

Signature

 ${\bf Please \ see \ the \ WebSite \ for \ workshops \ detail.}$

www.aiimsincpt.com www.aiims.edu/conference