

SFRR Satellite Meeting- India
February 11th –12th, 2008, New Delhi (India)

FORM FOR ACCOMMODATION BOOKING

**Mail to: Dr. D.N. Rao, Professor, Department of Biochemistry,
All India Institute of Medical Sciences, New Delhi-110029 (India).**

Delegate Name:

Prof./Dr./Mr./Mrs./Miss. _____

Name _____

Mailing Address _____

_____ Pin _____

Telephone (with STD code) _____ Mobile _____

E-mail _____ Fax _____

Accompanying person's Name _____ Sex _____

Type of Accommodation Required _____

Total No. of Day _____ Date of Arrival _____ Departure _____

(If yes please fill the enclosed accommodation form)

Particulars of Accommodation Charges

Demand Draft No. _____ Bank _____

Amount _____ Dated _____

Dated

Signature