Current Trends in EPILEPSY
An International Symposium

REGISTRATION FORM
Please Fill In Block Letters

Reg No. / Receipt No. .................................................................
For Official Use Only : Date of receipt of form: ...........................................
Name: Dr. ..............................................................................................
                      (Surname)                                       (First name)          (Middle name)
Designation.................................................................
Affiliation / Institution: .........................................................
Mailing Address...........................................................................
City................................................................................
State....................................................................PIN.
Tel. No (O)...................................................................................
                      (City code)                                      (Local number)
Tel. No. (R)...................................................................................
                      (City code)                                      (Local number)
Mobile No............................................................................
Email Address............................................................................
Fax No....................................................................................
                      (City code)                                      (Local number)
Accompanying Person(s) Name (Spouse, children over 12 years)
1........................................................................2
3........................................................................4

*PG Students need to submit a letter from the Head of the Department of their respective college / institution.

**Children over 12 years would be treated as accompanying person.

<table>
<thead>
<tr>
<th>Registration Fee</th>
<th>Indian &amp; SAARC* Delegates</th>
<th>International Delegates</th>
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<tbody>
<tr>
<td>Timeline</td>
<td>Delegates</td>
<td>Residents**</td>
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<tr>
<td>Early Bird</td>
<td>15 May-30 June</td>
<td>Rs 1500/-</td>
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<tr>
<td>Routine</td>
<td>03 July-31 Oct</td>
<td>Rs 2500/-</td>
</tr>
<tr>
<td>Spot</td>
<td>At Venue</td>
<td>Rs. 3500/-</td>
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*Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka.

**Certificate to be attached.

Please circle the appropriate type of registration

Payments to be made by DD/Banker's Cheque only, drawn in favour of "C.T.I.E." State Bank of India, Ansari Nagar, Payable at New Delhi.

I am enclosing herewith DD/Banker's Cheque No. .................................................................
Dated................................................................. Drawn on. ......................................................... Bank, for
RS ................................................................. (In words, ................................................................. payable at New Delhi.
Date................................................................. Signature...............................................................

Please keep a photocopy of the form for your record. Please fill in and send along with the Registration Fee to conference secretariat.