



REGISTRATION FORM **FOR CONFERENCE**

39th National Annual Conference
Indian Association of Clinical Psychologists-2013
18th – 20th February, AIIMS, New Delhi

<http://www.aiims.edu/aiims/events/NACIACP/index.htm>

Please email this Registration Form to naciACP2013@gmail.com

Personal information:

Prof./Dr./Mr./Ms. _____
Nationality _____ Affiliation: _____
Address: _____
Country _____ Pincode: _____
Phone: _____ Mobile: _____
E-mail ID: _____

Are you a member of IACP: Yes () No ()
If yes give membership no: _____

Are you a student: Yes () No ()
If yes, certificate attached Yes () No ()

Accompanying persons
1. Name Age Sex
2. Name Age Sex
Registration Fee: _____ (check from website mentioned above)

Demand draft payable to “**NACIACP-2013, payable at New Delhi**”

Bank _____
Date _____ / _____ / _____

Signature _____

Kindly mail this form to:

Conference Secretariat, Room No.4089, 4th floor Teaching Block
Department of Psychiatry, All India Institute of Medical Sciences
Ansari Nagar, New Delhi-110029,
Phone: +91-11-26594412 Fax +91-11-26588663