



# ARTTICON-2007

October 5-7, 2007

## ACCOMMODATION FORM



Please write in BLOCK LETTERS

Name Dr. / Mr. / Ms / Mrs.: \_\_\_\_\_

Institution Name : \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ Pin Code: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

Phone (Res): \_\_\_\_\_ Ph. (off): \_\_\_\_\_

Mobile: \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Category: ☐ AC ☐ Non AC

Occupancy: Single ☐ Double ☐ Dormitory ☐

Name of the hotel/ guesthouse \_\_\_\_\_

### Travel Details:

Arrival on (date) \_\_\_\_\_ at (time) \_\_\_\_\_ by \_\_\_\_\_ (Flight / Train)

Departure on (date) \_\_\_\_\_ at (time) \_\_\_\_\_ by \_\_\_\_\_ (Flight / Train)

I am enclosing herewith advance payment of Rs..... (Or USD as applicable) for one day of hotel accommodation

Signature of delegate

**\* Xerox copy of the form is also acceptable.**

**\* It will be convenient to us if we get the request to book before August 16, 2007**

Completed form should be mailed to: **Organizing Secretary,**

JPS Manav, Room No.118, 1<sup>st</sup> Floor,

Department of Radiation Oncology, Dr.BRAIRCH

All-India Institute of Medical Sciences, New Delhi-110029

Phone: 011-26594598; Fax: 011-26588663, 26588641

E-mail: jpsmanav@yahoo.co.in / \_\_\_\_ ARTTICON2007@gmail.com

Website: - <http://www.aiims.ac.in/artticon2007.html>