

Secretariat Use Only
Date Received:
Registration No.:

The 8th IAMI BIENNIAL CONFERENCE Feb 3– 5 2012 A.I.I.M.S, New Delhi, INDIA REGISTRATION FORM

Please complete the form and send by e-r <u>January 15, 2012</u> . Should you have any qu	-	9	
Tel: +91-9868397023, 9811135165 +91-11-26588332	Fax: 91-11-26588663	E-mail: ncmi2012reg@gmail.com	1
Personal Information (Please *all fields marked with a star are man		ETTERS)	_
*Title: ☐ Mr. ☐ Ms. ☐ Prof. ☐ Da	r.)
*Please choose position:	Invited speaker	-	
•	toral □ Doctoral student □ Government □ Government □ Government)
*First (Given) name:	Middle name:	*Last (Family) name:	
*Name for badge:			1 1
Passport number: (for Visa Purpose)	If you require Visa support)		
*Organization:			
*Postal Address:			1 1
*Postal Code:	*City:	*Country:	<u> </u>
*Tel: (country code-area code –tel no.)		ax: (country code-area code- tel no.)	
E-mail address:			

		e is about US\$1 to Rs. 51)	
Registration fee:			
	By Jan. 1 (Early Bird)	15 th Jan (Regular)	Spot
Non Delegate	2500	3000	3500
AMI Members/Institution/ Govt. Delegates/	2000	2500	3000
Student	1000	1200	1500
	150 USD ates – 300 USD		
For NON-SAARC Country delegers If you are an IAMI member, Place Student must show/submit a country An email message confirming rece	ease give IAMI Memb by of his Student I Car ipt of payment will be se	d. ent to the address provided abo	
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