

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

REGISTRATION FORM

**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 _____

Abstract Attached (Yes/No) _____

Accompanying person's Name _____ Sex _____

Accommodation Required YES NO

(If yes please fill the enclosed accommodation form)

Particulars of Registration Fee

Demand Draft No. _____ Bank _____

Amount _____ Dated _____

Dated

Signature