

# GLOBAL UPDATE ON PAIN (IV)

25<sup>th</sup> - 28<sup>th</sup> October 2012

## Registration Form

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

Age / Sex : \_\_\_\_\_ P. G. Student : Yes / No

Designation : \_\_\_\_\_

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

Address for correspondence : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No. : (O) \_\_\_\_\_ (R) \_\_\_\_\_

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

E-mail : \_\_\_\_\_ Emergency Contact No.: \_\_\_\_\_

No. of Accompanying person : \_\_\_\_\_

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

Food Preference : Vegetarian / Non-vegetarian

Details of the payment : ( A single DD will be accepted for total amount )

**"DD in favour of PAIN MANAGEMENT AND RESEARCH FOUNDATION-INDIA"**

For **Outstation Cheque** pl. Add Rs. 100 extra as bank clearing service charges to the total amount

Delegate fees Rs. : \_\_\_\_\_ Accompanying person Rs.: \_\_\_\_\_

Workshop fees Rs. : \_\_\_\_\_

Total amount Rs. : \_\_\_\_\_

DD Number : \_\_\_\_\_ Date : \_\_\_\_\_

Issuing Bank : \_\_\_\_\_

\_\_\_\_\_

### For P. G. Students :

This is certify that Dr. \_\_\_\_\_ is a bonafide PG student of the department and will remain so at the time of the conference.

\_\_\_\_\_  
Signature & seal of the Institution

\_\_\_\_\_  
Signature of the Delegate

**For all your travel & accommodation requirement contact official travel agent**

**eregnow.com Private Limited**

**Address : Botawala Chambers, Ground Floor, Sir P. M. Road, Fort, Mumbai - 400 001.**