

PRAVARA INSTITUTE OF MEDICAL SCIENCES – DEEMED TO BE UNIVERSITY
CENTRE FOR SOCIAL MEDICINE, LONI, MAHARASHTRA
NATIONAL CONFERENCE ON
“TRIBAL HEALTH RESEARCH – ISSUES, CHALLENGES AND OPPORTUNITIES”
19TH TO 21ST SEPTEMBER, 2019

REGISTRATION FORM

Name of the Participant: Mr. /Mrs. /Ms./Dr. _____

Organizational Affiliation with Address:

Designation: _____

City/Postal Code: _____

Telephone Number: Landline..... Mobile

Email Address: _____

Attending Conference As: Only Delegate Delegate-Presenter Invited Speaker

Abstract Enclosed (if Speaker/Presenter): Yes No

Accommodation: Self-arranged Need assistance

(Accommodation will be provided only on actual payment basis)

Date & Time of Arrival: _____

Date & Time of Departure: _____

Registration Fee (*Please Refer Announcement Brochure*)

Fee	Amount Remitted
Registration Fee of delegate	
Accompanying Person Fee	
Accommodation Fee	
Total	

Mode of payment

	Conference	Accommodation
Early Bird (On or Before 30 th June)		
Regular		
Online		
Account Payee Cheque No.		
Cash		

FOR OFFICIAL USE ONLY

Registration No.:

Date:

Place:

Signature