

ABSTRACT FORM

(Please fill in block letters and tick in appropriate box)

I agree that this information may be used in public conference. Yes/No

If not answered, it is assumed that you agree.

Name _____

Indicate desired presentation : **oral/poster**. Do you wish to participate in awards session : **Yes/No**

Awards : M. Sundramma award for young researchers below 35 years of age

V. Raju Award for Clinical Practitioners

UCB-ICAAI Young Scientist Award



Deadline

extended upto 31-8-2009

ICAAICON-2009

43rd ANNUAL CONFERENCE
of the Indian College of Allergy,
Asthma & Applied Immunology

1st –4th October, 2009

Govt. Medical College & Hospital,
Chandigarh-160030, India

Title (All Capital) _____

Authors _____

Institution _____

Text of Abstract

Registered: Yes/No. If yes, registration No. _____ dated _____, Signature _____