

**REGISTRATION FORM**

IX National Conference of Indian Association of Mycoplasmologists  
(IXNCIAM-2010)

17<sup>th</sup> -18<sup>th</sup> September, 2010

Name: .....

Affiliation (if any): .....

Address: .....

.....

City: .....Pin Code:.....

Tel: (Off):.....(Resi.).....

Tel (Mobile).....Fax:.....

e-mail:.....

**Registration Details:**

Encl: Demand Draft No..... for Rs.....drawn on  
..... in favour of *"IX NCIAM-2010"*, payable at State Bank of India,  
Medical Institute Branch (1524), Chandigarh.

Signature:.....

Date: .....