

Conference Registration Form

Delegates are requested to fill up the registration form or its Xerox copy and send it along with the registration fee mentioned below to the conference secretariat. All remittances should be made by demand draft in favors of '**International Medical Sciences Academy, Chandigarh Chapter**' payable at Chandigarh with name and address of the delegate clearly written on back. Registration fee can also be paid in Cash in the conference secretariat.

Category	Before 31st July	After 31st July	Spot
	2009	2009	Registration
IMSA Members	Rs. 2500/-	Rs. 3000/-	Rs. 3500/-
Non-Members	Rs. 3000/-	Rs. 3500/-	Rs. 4000/-
PG Students	Rs. 1500/-	Rs. 2000/-	Rs. 2500/-
International Delegates	\$200	\$ 250	\$300
Associate Delegates	Rs. 1500/-	Rs. 2000/-	Rs. 2500/-
Foreign Associate Delegates	\$150	\$150	\$150

Name _____

Category _____ Membership No. _____

Age _____ Sex _____ Nationality _____

Designation _____ Specialty _____

Address _____

City _____ State _____

Country _____ PIN _____

Phone (Code) _____ (R) _____

(0) _____ (M) _____

Fax _____

E-mail _____

Name as it should appear on the badge (Capital Letters)

- Delegate _____
- Assoc. Delegate _____

Details of Payment

Demand Draft No. _____ dated _____

Drawn on _____ Amount _____

Signature _____ Date _____

Note: PG Students to provide a certificate from the respective HOD.