



APCON 2005 FORM-1

Delegate Registration FORM - Workshop and CMEs
(Please fill in BLOCK letters)

Mailing Address :

Name : _____

Designation : _____

Address : _____

City : _____ State _____ Pin _____

IAPM Member (Membership No.) _____ / Non Member
Delegate / _____ Associate delegate / _____ PG _____

Institution : _____

Address for correspondence : _____

Tel. No.:(O) _____ (R) _____

Mobile : _____ Email : _____

Workshop : A B C D

C.M.E. : A B C D

Total Amount : _____

Draft No. : _____ Dated _____

Drawn on : _____ Bank

Dated : _____

(Signature)

Workshop A,B,C are for the first 20 delegates and Workshop D is for first 80 delegates registering on first come first serve basis. You can express order of preference for workshops so that in case of overbooking, workshop of next preference can be allotted.



APCON 2005 FORM-2

Registration FORM for IAP ID & IAPM
(Please fill in BLOCK letters)

Mailing Address :

Name : _____

Designation : _____

Address : _____

City : _____ State _____ Pin _____

IAPM Member (Membership No.) _____ / Non Member
IAPD-ID No. _____

Delegate / _____ Associate delegate / _____ PG _____

Institution : _____

Address for correspondence : _____

Tel. No.:(O) _____ (R) _____

Mobile : _____ Email : _____

IAP ID Annual Meet IAPM Annual Conference

Total Amount : _____

Draft No. : _____ Dated _____

Drawn on : _____ Bank

Dated : _____

(Signature)



APCON 2005 FORM-3

Hotel Reservation FORM (Please fill in BLOCK letters)

Mailing Address :

Name : _____

Nationality : _____

Passport No.: _____

Tel. No.:(O) _____ (R) _____ Fax _____

Mobile : _____ Email : _____

Name of Hotel : _____

No.of Rooms: _____ Single/Double : _____

No. of accompanying persons : _____

If willing to share double rooms : YES / NO

From Date : _____ Time : _____

To Date: _____ Time : _____

Total no. of days : _____ Nights: _____

Total Amount : _____

Draft No. : _____ Dated _____

Drawn on : _____ Bank

Dated : _____

(Signature)

Booking of Hotels will only be done on receipt of one day tariff along with Rs.100 as handling charges.Hotel booking will be done if the amount is sent before 15 th October,2005.No refund of hotel accomodation is possible.



APCON 2005 FORM-4

Check List (Organizers Copy)

Name : _____

City : _____

State : _____

1. Abstract Sent : YES NO

2. Conference Registration : Rs. _____

3. IAP ID Registration : Rs. _____

4. Workshop A B C D: Rs. _____

5. CME A B C D : Rs. _____

6. Hotel Tariff : Rs. _____

Draft No. : _____ Dated _____ Rs. _____

drawn on : _____ Bank

(For Office Use only)

Delegate Regn. No : _____

Received on : _____

Receipt No.: _____

(Please send this form also along with your Registration Form)

