

Indian Theological Library Association (ITLA)

**TRIENNIAL CONFERENCE
Registration Form:**

1. Name of the participant: _____

2. Name of the Institute: _____

3. Do you want to become member of ITLA: Yes / No

4. Address:

4. Phone No (with STD Code): _____

5. Email Address: _____

6. Do you need accommodation: Yes/No

7. Registration Fee enclosed : Rs. _____

Residential*		Non-Residential**	
Before 15 th Sept, 05	After 15 th Sept, 05	Before 15 th Sept, 05	After 15 th Sept, 05
Rs.750.00	Rs.950.00	Rs.500.00	Rs.700.00

7. Payment details: MO/DD No _____ dated _____

8. Arrival Time and date: _____

9. Departure Time and date: _____

Demand Draft should be drawn infavour of **INDIAN THEOLOGICAL LIBRARY ASSOCIATION, payable at PUNE.** Money Orders may be sent to the Secretary's address.

Filled in form along with required registration fee should be sent to :

Mr. Yesan. S,
Executive Secretary, ITLA
SAIACS
Kothanur PO
Bangalore – 560077
Ph: 080-28465649/235 Extn:225
Email: itla_in@yahoo.com or yesan@rediffmail.com

If you want to become member of ITLA send your name of your institution, address and library details and Rs.300.00 membership for a year.