



35th Workshop Delegate Registration Form

DELEGATE 1

Name

Address:.....

Contact No:.....

E-mail:.....

Photo
Mandatory

DELEGATE 2

Name

Address:.....

Contact No:.....

E-mail:.....

Photo
Mandatory

"Kindly register me for the 35th Workshop on "Sinuses 'n' Beyond Sinuses" Date: 6th - 8th February 2015 and arrange accommodation.

*** Tick the appropriate box**

Only Registration (no accommodation): Amount Paid Rs.		
<input type="checkbox"/> 3 Nights Package	Hotel Check In: 05-2-2015 at 02:00 PM,	Check Out: 8-2-2015 at 12:00 Noon

** Cheques / DD's should be drawn in favor of MAA RESEARCH FOUNDATION

DD No: / Wire transfer ref no..... (Mention your Name & Place in the column narration)

Date..... Amount in Rs..... (Rupees.....)

Your Bank Name: Branch: City:

MODE OF PAYMENT: At Par payable Cheque / Wire Transfer / Demand Draft on **MAA RESEARCH FOUNDATION**

Signature 1:..... Signature 2:.....

* Delegates can scan the filled in Registration / Accommodation form and send it by email to drmegh@yahoo.com, if they pay the fee through wire transfer.

CANCELLATION POLICY: On or Before 20-01-2015----90% refund, after 20-01-2015 -No Refund.