13th Joint Annual Conference of Indian Epilepsy Association and Indian Epilepsy Society

25th and 26th February 2012, Cochin.

Registration Form

Reg. No. ..... (For office use only)

Title: Prof. ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐

Register as: Delegate ☐ PG Student ☐ Accompanying Person(s) ☐

Name: .....
First Name Last Name

Designation/ Affiliation/ Institution .....

IEA & IES Member No. .....

Address for Correspondence: .....

City ..... Pin Code ..... State ..... Country .....

Phone: Off ..... Res ..... Fax .....

Mobile ..... Email Id .....

Registration Details

Accompanying Person(s): Name 1 .....
.
Name 2 .....

Name 3 .....

Registration Fees	
For Delegate	
For Accompanying Person(s)	

Payment Method & Details

Cash/ DD/ Cheque No. ..... dated .....

Consolidated Total Amount Rs. ..... Drawn on .....

In words .....

Bank Draft/ Cheque

Demand Draft/ Cheque in favour of " E-CON 2012" payable at Cochin. Please Add Rs.50.00 for outstation cheques.

Please send the draft/cheque and completed registration form to the Conference Secretariat at the address mentioned below:

Signature

Conference Secretariat

Dr.K.P.Vinayan,
Organizing Secretary, E-CON 2012,
KAN Office, IMA House, Cochin,
Jawaharlal Nehru Stadium Road,
Palarivattom Post, Cochin 682025.

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