



Indian Academy of Neurology

ICTRIMS - 2017

August 12 &13, 2017, New Delhi

Registration Form

Prefix _____ (Dr./Mr./Ms.)

First Name: _____ Middle Name: _____ Last Name: _____

Age: _____ Gender: _____ Degrees: _____

Affiliation: _____

Department: _____ Institute: _____

Correspondence Address: _____

City: _____ Pincode: _____ State: _____

Country: _____ Tel No.: _____

Mobile No.: _____ Email: _____

Are you a member of the IAN? Yes No

If yes, membership number please: (LM/LAM/AM) - _____

Registration Fee Details :

Rs. /- (..... only)

Cheque/DD in favour of "ICTRIMS 2017"

The last date of registration is 31st July 2017

The Form should be sent to the following address:

Dr. C S Agrawal

Organizing Chairperson, ICTRIMS-2017,

Address: Department of Neurology, Room F-14, 1st floor, Sir Ganga Ram Hospital, Rajinder Nagar,
New Delhi - 110060

Ph : 011-42251714 (9 AM to 5 PM, Mon –Sat, except holidays)

Date: _____

.....
Signature of the Participant