

International Tropical Neurology Conference

24- 26 March, 2017

Hotel Grand Hyatt Santacruz, Mumbai, India

Registration Form

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

First Name _____ Middle Name: _____ Last Name: _____

Age: _____ Gender _____ Degrees: _____

Affiliation: _____

Department: _____ Institute: _____

Address: _____

City: _____ Pincode: _____ State: _____ Country: _____

Correspondence Address: _____

Street: _____ City: _____

Pincode: _____ State: _____ Country: _____

Tel No. _____ Mobile No. _____ Email id: _____

Alternative Email id: _____

Would you like to apply for bursary? Yes No

Are you a member of the IAN? Yes No

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

Kindly send DD or Cheque in favour of "Indian Academy of Neurology" payable at Mumbai at below mentioned address.

Conference Secretariat

C/o Vama Events Pvt. Ltd.,

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