TROPICON 2015

Annual Conference of Tropical Neurology

All India Institute of Medical Sciences, New Delhi, India

11th-12th April 2015 at Lecture Theatre III, Teaching Block, AIIMS, New Delhi

REGISTRATION FORM

Please *Fill in BLOCK LETTERS*

Name: .....

Designation.....Institution .....

Address.....

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Name (s) of the accompanying person (s) .....

Registration Fee Details:

Category	**Before 11th April 2015**	**Spot**
IAN Member	1500	2000
Non-member	2000	2500
Students	500	1000
Neuro-Nurses	500	1000
Accompanying Person	500	1000

Total: ...../- In Words (Rs. .....)

Please find enclosed herewith a cheque payable in Delhi/Demand Draft in favour of **'"TROPICON 2015"** payable at Delhi.

DD/Cheque No.....dated.....drawn on .....city.....

Date/Place.....

Please mail the complete form to **Conference Secretariat at:**

Dr. M.V.Padma Srivastava, Professor of Neurology

Room No. 707 / 708, 7th Floor, Neurosciences Centre, Department of Neurology, AIIMS, New Delhi -110029

Tel: 011-26594794, 9868398261; Email: tropicon2015@gmail.com; Website: www.tropicon2015.com

***PG Students must submit a letter from the unit incharge/head of the department.**

***Please download the registration form from the conference**

For Office Use only

Receipt No..... **Reg. No. .....**