

ISACON WEST BENGAL 2016



REGISTRATION FORM

Kindly fill up this form in CAPITAL letter only.

Field marked * are mandatory

ISA Membership No.

Name*

Designation

Institute

Address

City

State

Telephone

Diet Veg. Non-Veg.

Email *

Name of Accompanying Person (s) :

1) Name

Age/Sex Relation

2) Name

Age/Sex Relation

Pre Conference Workshop Name :

.....

(A Delegate can Register for one workshop only)

REGISTRATION CATEGORY

REGISTRATION FEE

(Please tick)

ISA Member

Conference

Non ISA Member

Conference+Workshop

ISA Member P.G.

Accompanying Person

Non ISA Member P.G.

Accompanying Person

TOTAL ₹

Overseas Delegate

P. G. Students must submit the letter of Authentication from their Head of Department.

Enclosed : Demand draft No. Date

Issuing Bank

For ₹ in favour of **ISACON WEST BENGAL 2016** Payable at Kolkata.

(Please write Name, Mobile No. & E-mail ID on the reverse of the D.D.)

I Agree to the terms and conditions mentioned on the website

www.isawb.org

Date

Signature