REGISTRATION FORM

3rd Biennial Conference of HIV Medicine Association of India

Surname: ..... First Name: .....

Postal Address: .....

.....City: .....

Pincode: ..... State: .....Country: .....

Email (Please mention active email ID): .....

Tel. (with area code): Residence: ..... Office: .....

(Mandatory) Mobile: ..... Fax: .....

All future communications will be through email and mobile via SMS.

Category:

[ ] Residential: [ ] Delegate on Single Occupancy Basis [ ] Delegate Per Person on Twin Sharing Basis

[ ] Delegate with One Accompanying Person

In case of twin-sharing room, I would like to share the room with .....

Accompanying Person Name: 1. ..... 2. .....

[ ] Non Residential: [ ] Member [ ] Non Member [ ] P. G. Member

Mode of Payment: Cheque / DD No. ..... Dated .....drawn on Bank .....favouring **'HIV Medicine Association of India'** payable at New Delhi.

Kindly send the duly filled registration form along with Cheque / DD to

Neumech Events
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Email: desk@conferenceindia.org / www.conferenceindia.org