

CEZIPS 2016
 42nd Annual Conference of
 Indian Psychiatric Society, Eastern Zonal Branch
 (CEZIPS 2016)
 16th, 17th & 18th September, 2016

Registration Form

Please Complete and Return this along with your Payment Category:

- | | |
|----------------------------|---------------------------------|
| 1. IPS Member | 2. Post Graduate Student |
| 3. Corporate Member | 4. Accompanying Person |

Name :

Age :

Membership Status and Number :

Address :

.....

City : State : Pin :

Tel : Mobile:

Email :

Accompanying Person/s:

| Name | Relation | Age |
|------|----------|-----|
| | | |
| | | |
| | | |
| | | |

Payment Details :

1. Delegate Rs. 2. Accompanying Person Rs.

3. Total Rs.

Please find enclosed herewith Demand Draft/At Par Cheque No.

Dated for Rs

Drawn in favour of TALKEINDESK payable at Kolkata

Hotel Reservation

Delegate :

Mailing Address:

Phone: Fax:

Hotel Name (in order of preference)

1. 2. 3.

No. of persons No. of days

Check in date..... Check out date

Bank Draft / Cheque of Rs

(in words)

No. enclosed.

Note : Kindly send 1(one) day's advance payment.

