



REGISTRATION FORM

SECTION 1: REGISTRATION DETAILS

Name: Prof./Dr./Mr./Ms. _____

Designation: _____ Course Details (If Student) _____

Organization/Affiliation: University College NGO

Age: _____ Sex: Male Female

Area: Basic Sciences Clinical Sciences Social Sciences Others

Specialization: _____

Postal Address: _____

Mobile: _____ Phone: _____

Primary E-mail: _____ Alternate E-mail: _____
(Compulsory) (if available)

Are you submitting abstract in this symposium? Yes No

Did you attend HIV SCIENCE 2008? Yes No

Assistance for booking accommodation required? Yes No
(If 'Yes' please write to HIVSymposium@yrgcare.org)

SECTION 2: PAYMENT DETAILS

Please tick one Type of Registration

Early/Standard Registration: (On or before 14th August, 2009)

Standard Delegate Registration Rs. 750/- Standard Student Registration Rs. 500/-

Late Registration: (After 14th August, 2009)

Late Delegate Registration Rs. 1000/- Late Student Registration Rs. 750/-

Demand Draft No: _____ Date: _____

Name of the Bank: _____ Branch: _____

Payment should be made by demand draft drawn in favour of Y.R. Gaitonde Medical Educational and Research Foundation, payable at Chennai.

INSTRUCTIONS

Registration fee includes participation in the scientific sessions, lunch, breaks and symposium materials.

Deadlines: Registration to the symposium is done on a first-come, first-served basis. Therefore, participants are requested to register at the earliest to secure registration. Completed registration form posted must reach us no later than **August 14, 2009**. Please use one form per person. Should you have problems registering, please contact the Symposium Secretariat at HIVSymposium@yrgcare.org.

Payment Information: Registration forms must be accompanied by full payment in order to be processed. Incorrect DD numbers and invalid details are considered non-payments and registration will not take place. No registrations will be accepted by telephone.

Refund policy: Registration fee will not be refunded, if registration is cancelled.

Confirmation: Please allow up to 3 days for e-mailed confirmation of your registration, after receipt of DD and registration form at the symposium secretariat.

(Note: Student delegates are requested to produce bonafide certificate (or attested copy of student identity card) from the head of the department with seal).

DECLARATION

The information provided in the registration form is true and correct to the best of my knowledge. I have taken notice of the registration instructions on this form.

Date: _____ Place: _____

Signature: _____

Name and Signature of the Head of the department with Seal: _____

CHECK LIST

- Completed Registration form
- Demand Draft
- Photo copy of Student ID or Bonafide Certificate (For students only)
- Completed Scholarship form (If applicable)

Make a copy of this completed form for your record and return this original completed form, via post to the Symposium Secretariat. Registration forms sent without payment and registration details will not be processed.

The Symposium Secretariat

2nd Annual Science Symposium on HIV/AIDS 2009

YRG Centre for AIDS Research and Education

Voluntary Health Services Hospital Campus, Rajiv Gandhi Salai

Taramani, Chennai 600 113

E-mail: HIVSymposium@yrgcare.org

Web: http://yrgcare.org/Science_symposium/index.html

Tel: 044- 39106800, 39106801, 39106802, 39106803 ; Fax: 044- 22542939

Hours of Operation: 9 am - 6 pm IST

