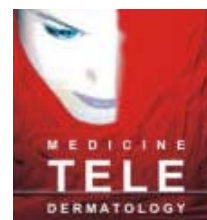




TELEDERM 2010

Conference Registration Form



Name:

(As it should appear on the badge)

Age:

Sex M F

Address for correspondence:

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.....
.....
.....

Country: PINCode:

Telephone No: (with country and city codes)

(R) (O) Mobile

Email:

Delegate

Member Non-member Co-delegate Post graduate*

INSTED Membership No.:

*Post Graduates to attach endorsement from Heads of the Department

Co-delegates

Name & Age*: 1..... 3.....

2..... 4.....

* Above three years

Registration Tariff:

Delegate	Before 31 st December 2009	Before 30 th April 2010	From 1 st May 2010/ Spot
Members	Rs. 3000/-	Rs. 3500/-	Rs. 4000/-
Non-members **	Rs. 3500/-	Rs. 4000/-	Rs. 4500/-
Co-delegates	Rs. 2500/-	Rs. 3000/-	Rs. 3500/-
P G Students	Rs. 2000/-	Rs. 2500/-	Rs. 3000/-

** Registered non-member delegates will be offered **Life Membership of INSTED** on payment of Rs.5000/ .

Payment Details

Category	Currency	Amount
Delegate	INR.	
Co-delegate/s	INR	
Total	INR	

Demand Draft / Cheque in favour of *Telederm 2010* payable at Chennai

For Rupees: (in words)

.....
.....
.....

D.D./Cheque No
.....

Dated
.....

Drawn on
.....

Branch
.....

Signature:

Date:

**Please write Name, Address and Contact number on the back of D.D /Cheque
Local cheques are accepted**

Send completed forms along with D.D. to:

Dr.PARIMALAM KUMAR
Conference Secretary
No, 110, M.S.Koil Street, Royapuram,
Chennai-600 013.
Ph : 044- 25987008 , Ph: 98411 59279
E-mail: telederm2010@gmail.com