

# 'NEUROCON 2019'

## *Registration form*

Title: Prof/ Dr /Mr /Mrs /Ms (tick on the appropriate)

Name :

Nationality:

Gender:

Department :

Name of Institute/University:

Institute/University Address:

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Address for communication:

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**'NEUROCON 2019'**

Registration form

Phone No: Email:

No. of accompanying person(s) (if any):

Name (s): Gender:

1.....

2.....

Do you need accommodation? (Not applicable for invited speakers)

Yes No (tick on the appropriate)

If yes, visit the Neurocon 2019 website : <https://neurocon2019.mmumullana.org/#> for further details and send an accommodation request separately via e-mail to [neurocon2009@gmail.com](mailto:neurocon2009@gmail.com)

Registration fees :

International delegates : USD 100

Accompanying person : USD 75

International student delegate : USD 50  
National delegates : Rs. 3,000  
Accompanying person : Rs. 2,500  
Students : Rs. 2,000

Payment Details :

Total amount (in figures) .....

In words .....

For National Delegates: By Demand Draft/NEFT

Name of the account holder : M.M. Institute of Medical Sciences & Research Mullana-Ambala

A/C No. 30757507244

IFSC : SBIN0011843

Bank Name : State Bank of India, Mullana-Ambala, India

(For International Delegates: Payment on arrival in cash in Indian currency or USD.)

Date:

Place:

Signature

Send all correspondence to :

**Prof. Sasanka Chakrabarti**

**Organising Secretary**

**Neurocon 2019**

**Email:neurocon2009@gmail.com**