

# 4th INTERNATIONAL CONFERENCE ON THALASSEMIA

31<sup>ST</sup> Oct - 1<sup>ST</sup> Nov,2009

New Delhi, India

## REGISTRATION DETAILS

**1. PARTICULARS OF DELEGATE** (Please type clearly and use separate registration form for each delegate)

Full Name \_\_\_\_\_

Title: Doctor  Thalassemic  Parent

Nurse/ Medical Student /Accompanying person  Foreign Delegate

Institution \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ Postal code \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Mobile \_\_\_\_\_

Email address \_\_\_\_\_

2. REGISTRATION FEE (per person)	Before 30 <sup>th</sup> June, 09	After 30 <sup>th</sup> June, 09	Spot Registration
<b>Thalasseemics</b> *Thalasseemics India member *Non-member	free of charge Rs. 500.00	free of charge Rs.500.00	free of charge Rs.500.00
<b>Parents</b> *Thalasseemics India member *Non member	Rs. 500.00 Rs. 700.00	Rs. 700.00 Rs. 900.00	Rs.1000.00 Rs.1200.00
<b>Nurses / Medical Students/ Accompanying persons</b>	Rs. 700.00	Rs. 900.00	Rs.1200.00
<b>Doctors</b>	Rs. 1000.00	Rs.1200.00	Rs.1500.00
<b>Foreign Delegates</b>	\$50.00	\$ 75.00	\$100.00

### 3. MODE OF PAYMENT

#### Option I : \*CHEQUE

Cheque no: \_\_\_\_\_ Bank: \_\_\_\_\_

Date of issue: \_\_\_\_\_ Amount: \_\_\_\_\_

\*For outstation cheques please add Rs. 55.00 as service charges.

#### Option II : \*Telegraphic Transfer (TT)

TT Advice Number : \_\_\_\_\_ Bank: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Amount : \_\_\_\_\_

TT should be made payable to \* Thalasseemics India \*

Bank Account No.: 523266 Bank Account Name: Thalasseemics India

Bank Address: Bank of Tokyo-Mitsubishi UFJ, Ltd, Jeevan Vihar Building, 3,  
Parliament Street, New Delhi - 110001. India

Swift Code: BOTKINDD

\*Please add \$ 3.00 as administrative charges in the total amount.

Option III : CREDIT CARD (please select one): Visa  Mastercard

Card Holder's Name (name as in credit card): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiry Date : / \_\_\_\_\_ / \_\_\_\_\_

I hereby authorize "Thalasseemics India" to debit my credit card with the total amount of: \_\_\_\_\_

amount of Registration Fee: \_\_\_\_\_

+2.5% administrative charge = Total amount \_\_\_\_\_

#### Option IV : Cash Payment is also accepted

Please send registration form duly filled with payment to our conference secretariat at:

**Thalasseemics India**  
**A-9, Nizamuddin West, New Delhi-110013, India**  
**Tel. (O) : 41827334, Fax : 24353871**  
**e-mail : thalcind@yahoo.co.in**