

16th ACRT & 9th NCIART

Registration Form

Participant

Title Dr Ms Mr Mrs

First Name Last Name

Sex Male Female

Are you a member of IART Yes No (Not applicable for overseas delegates)

If Yes, Mention Membership Number

Designation

Institute / organization:

Address

City State Country

Telephone(s) Fax

Address for Correspondence

Address

City State Country

Telephone(s) Fax

Email

Accompanying Persons*

| | Name | Relationship | Age | Sex |
|----|-------|--------------|-------|-------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

Accommodation Required: Yes No

Payment Details

For Delegates Rs./US \$.....

For Accompanying Person/s: Rs./US \$

For Accommodation Rs./US \$.....

Total Rs./US \$.....

In words, Rupees

Demand drafts/Pay order No

Bank

Signature of Delegate

NOTE

- All payment have to be sent by Demand Draft favouring 16th ACRT / 9th NCIART "Payable at Chandigarh"
- Foreign Delegates have to Remit Payment by demand draft or Pay Order in US \$ or equivalent INR

16thACRT & 9thNCIART

Submit this filled form to:

Conference Secretariat:

Mr. S. C. Bansal

(Chairperson)

16th ACRT and 9th NCIART

Department of Radio-diagnosis and Imaging

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