

REGISTRATION NO: (FOR OFFICE USE ONLY).....

NAME.....

AGE.....SEX..... CITY OF PRACTICE.....

CLINIC/COLLEGE NAME

SPECIALITY(DERMATOLOGIST)..... (IADVL NO)

OTHER SPECIALITY.....SESSION REGISTERED.....

PG STUDENTS.....(KINDLY ATTACH PROOF OF RESIDENCY)

PAPER/POSTER PRESENTATIONS.....(ADDITIONAL 25%DISCOUNT)

TOPIC.....

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FOOD PREFERENCE: VEG.....NON VEG.....

MAILING ADDRESS.....

.....

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MOBILE NO (MANDATORY).....

EMAIL ID (MANDATORY).....

ACCOMPANYING PERSON's NAME.....AGE.....SEX.....VEG.....NON-

VEG..... NAME.....AGE.....SEX..... VEG.....NON-VEG.....

NAME.....AGE.....

