

# International Symposium on Molecular Pathology & Applied Genomics

November 6 & 7, 2009. New Delhi, India.

## Registration Form

Name: \_\_\_\_\_

Title: (Prof./Dr./Mr./Ms.): \_\_\_\_\_ Institution: \_\_\_\_\_

Address for Correspondence: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Registration Fees

#### For Academia/Government Organizations/Others

- |                                      |           |
|--------------------------------------|-----------|
| • Early Bird (by 1st August, 2009):  | Rs. 4,000 |
| • Standard (by 1st September, 2009): | Rs. 5,000 |
| • After Due Date:                    | Rs. 6,000 |
| • Spot:                              | Rs. 6,000 |

#### For Students (authorization letter from HoD will be required):

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|-------------------------------------|-----------|
| • Standard (by 1st September, 2009) | Rs. 1,000 |
| • After due date:                   | Rs. 1,500 |

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| • Corporates Delegates | Rs. 6,000 |
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| • International Delegates | \$ 200 |
|---------------------------|--------|

### Mode of Payment

Cheque/DD in favour of Super Religare Laboratories Ltd. payable at Mumbai

Cheque/DD No. \_\_\_\_\_

Date \_\_\_\_\_ Bank \_\_\_\_\_

Filled-in Registration form with DD/Cheque to be sent to:

Symposium Secretariat, ISMPAG, R&D, Plot 124, 17th Street, MIDC, Andheri (E), Mumbai-400093, India