

REGISTRATION FORM

Dr. /Mr. /Mrs. /Ms.:.....

Designation:.....

Organization:.....

Address for communication:

City:..... State:Pin code:.....

Phone No.:..... Mobile Number:.....

Email:.....

Delegate Registration Fee (Till 15th September 2013)

Dietitians / Healthcare Professionals	Rs. 1500/-	Students	Rs. 1000/-
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Spot Registration Fee

Dietitians / Healthcare Professionals	Rs. 2000/-	Students	Rs. 1250/-
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Payment details:

Demand Draft:Date:Bank:

Amount in words:

The Demand Draft (DD), should be in favor of **“Department of Dietetics” payable at Indian Overseas Bank, Apollo Hospitals Branch, No. 21, Greams Lane, Off Greams Road, Chennai-600006**. Send the completed registration form along with DD to **Department of Dietetics, Apollo Hospitals, No. 21, Greams Lane, Off Greams Road, Chennai-600006**.

Payment via Bank Deposit / Wire Transfer:

Bank Name	:	Indian Overseas Bank
Account Name	:	Department of Dietetics
Account Number	:	SB A/C No: 167501000006110
IFSC Code	:	IOBA0001675
Bank Address	:	Indian Overseas Bank, Apollo Hospitals Branch, No. 21, Greams Lane, Off Greams Road, Chennai-600006.

Note : Don't forget to send the payment details to clinicalnutritionupdate@gmail.com after wire transfer/ bank deposit. For further clarifications, call Ms. Haritha Shyam(09949962228) or Mr. Radhakrishnan(09841697099) or mail to clinicalnutritionupdate@gmail.com

