



DELEGATE REGISTRATION FORM

Personal Details

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

Designation:

Organization:

Address for Communication:

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City: State: Country:

Phone No.: Mobile Number:

Email:

Delegate Registration Fee

Registration Fee		
Delegate	Early Bird (until July 15 th 2015)	Full Fee (After July 15 th 2015)
Dietitians / Healthcare Professionals	Rs. 2000/-	Rs. 2500/-
Students*	Rs. 1500/-	Rs. 2000/-
* Student ID required at the time of registration		

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. Nupur Jain (+91 9979173127)** / **Mr. S. Radhakrishnan (+91 9841697099)** or mail to clinicalnutritionupdate@gmail.com