

IASSTD & AIDS Membership No.

DELEGATE REGISTRATION FORM
(To Be Sent To Conference Secretariat)

- N.B. : i) Use Capital letters only.
ii) One form is required for each delegate
iii) Please send your Bio data and photo on CD

Pro./ Dr.....
Surname Middle Name First Name

Designation

Institution :

Mailing Address :
.....
.....PIN CODE

Phone (City Code) : (R)..... (O).....

Fax : Mobile :

E mail :

Category	Name	Age	Sex	Veg / Non Veg	Charge

Secretariat: Dr.K.BUJJI BABU
D.No. 29/6/41 . Nakkala Road . Suryaraopet
Vijayawada -520002
9866161166 , 9346161166
drbujjibabu@hotmail.com
www.drbujjibabuhivclinic.com

ASTICON - 2010

Hotel Reservation Form

Name of Delegate :

Sex :Telephone No.....

Occupancy : Single / Double

No. of Rooms :for.....days

from..... to..... (Time & Date)

Name Of Hotel:

I .Preference.....

II .Preference.....

Mode Of Arrival Vijayawada : Train / Bus /Car

Date & Time of Arrival : by.....on.....

(Name of Train) (Time & Date)

Registration Charge :

One day Hotel Advance :

Grand Total (Reg + Hotel) :

Signature of delegate

Demand Draft No.....Dated

For Rs.

Drawn.....

on

in favour of ASTICON 2010 Payable at Vijayawada