



INTERNATIONAL CONFERENCE ON
IMPACT OF
ENVIRONMENT ON
**WOMEN'S
HEALTH** 2017

29th NOVEMBER – 1st DECEMBER, 2017, LUCKNOW, INDIA

REGISTRATION FORM

[Please type or print in block letters and tick (✓) appropriate boxes]

Prof. Dr. Mr. Ms.

NAME

ORGANISATION

ADDRESS

CITY

COUNTRY

Postal
Code

PHONE

FAX

E-mail

PASSPORT DETAILS:

Passport No.

Date of issue

Place of issue

Date of expiry

Nationality

Indian Consulate/Embassy where you will apply for Conference Visa

CONFERENCE REGISTRATION

Upto Oct. 30, 2017

After Oct. 30, 2017

<input type="checkbox"/>	Foreign Delegate	US\$550	<input type="checkbox"/>	Foreign Delegate	US\$ 650
<input type="checkbox"/>	Indian Delegate	Rs.4,500	<input type="checkbox"/>	Indian Delegate	Rs.5,000
<input type="checkbox"/>	Foreign Student	US\$200	<input type="checkbox"/>	Foreign Student	US\$225
<input type="checkbox"/>	Indian Student	Rs.3,000	<input type="checkbox"/>	Indian Student	Rs.3,500
<input type="checkbox"/>	Foreign Accompanying person	US\$190	<input type="checkbox"/>	Foreign Accompanying person	US\$ 225
<input type="checkbox"/>	Indian Accompanying person	Rs.2,500	<input type="checkbox"/>	Indian Accompanying person	Rs.3,500

Please send the above amount by bank transfer, bankers cheque or draft in US\$/INR in favour of "RTND BALVD EDU FUNDTN A/C INT CNF ON IMPCT OF ENV" payable at Axis Bank Ltd., Lucknow (A/c No. 917010034902756; IFSC Code:UTIB0000053; Swift Code: AXISINBB053). Credit cards are not acceptable.

I have enclosed cheque/draft No. _____ drawn on (Name of the bank)/RTGS _____

_____ for US\$/INR _____

Date:

Signature



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TRAVEL INFORMATION FORM

Please type or print in block letters and tick (✓) appropriate boxes

Full Name

Organisation/Institute

Address

City

Country

Postal
Code

Phone

Fax

E-mail

ARRIVAL

Date

Flight No.

Train No.

Time

Airport to Hotel

Conveyance required

Yes

No

Railway Station to Hotel

Conveyance required

Yes

No

DEPARTURE

Date

Flight No.

Train No.

Time

Hotel to Airport

Conveyance required

Yes

No

Hotel to Railway Station

Conveyance required

Yes

No

If Yes, at

am/pm

Note : In case of any queries please contact - Tel. : 99-191-11112, 94-538-43384



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HOTEL RESERVATION FORM

Please type or print in block letters and tick (✓) appropriate boxes

Full Name

Mailing Address

City

Country

Pin

Phone

Fax

E-mail

Passport No.

Preference
for Hotel

1.

Single

Double

2.

Single

Double

3.

Single

Double

Date & Time of Arrival

Train No.

Flight No.

Date & Time of Departure

Details of Payment

Enclosing D.D. No.

Date

Drawn on Bank

for an amount of

Note:

1. One Day's Hotel tariff should be sent by D.D. before the due date.
2. Accommodation will also be arranged in comfortable guest houses @ Rs. 500/- per day. The number of rooms in guest houses is limited and reservation will depend on the availability of rooms.
3. Hostel accommodation available on shared basis.
4. We cannot guarantee confirmation for requisitions received after the due date.
5. Kindly send the D.D. in the name of the selected Hotel.