



**REGISTRATION FORM**

Please use **BLOCK LETTERS**. One form per person. Keep a photocopy for your records.

Parent & others  Professional

**PERSONAL DETAILS -**

**Name:** Dr / Mr. / Ms.....

**School :**..... **Designation:**.....

**Correspondence Address:**.....

**State:**..... **Pin Code:**.....

**Telephone:**..... **Mobile:**.....

**Email:**.....

**Residential Address:**.....

**State:**..... **Pin Code:**.....

**Telephone:**..... **Mobile:**.....

**Email:**.....

**PAYMENT DETAILS -**

**Payment Mode:** Cash  Demand Draft  Postal Order  (in favour of Collegare Media & Communications Pvt. Ltd, payable in New Delhi)

**Demand Draft No:**.....

**Dated:**.....

**Drawn On:** .....

**CONFERENCE REGISTRATION**

*(Please tick the box as applicable)*

**Before 23rd August 2009**

Participants from School - **INR 200/-**

Parents & others - **INR 100/-**

**After 23<sup>rd</sup> August 2009**

Participants from School - **INR 250/-**

Parents & others - **INR 150/-**

**Signature:**

