



iphacon 2017

61st Annual National Conference of Indian Public Health Association (IPHA) & First State Conference of IPHA Rajasthan Branch

24th - 26th February 2017 | AIIMS, Jodhpur



REGISTRATION FORM

Completed registration form along with fee must be sent to the address mentioned at the bottom of this form

PLEASE USE SEPARATE FORM FOR CO-DELEGATE REGISTRATION

Registration form header section with fields for Title, Gender, Age, First Name, Last Name, Designation, Organisation/Institution, Communication Address, City, State, PIN Code, Country, Mobile No., Office No., and Email Address.

REGISTRATION CATEGORIES WITH FEES

Table with 3 main columns: Registration Category, Participants from India & SAARC Countries (Amount in INR), and International Participants Other Than SAARC Countries (Amount in USD). Rows include IPHA Member, Non-Member, PG IPHA Member, PG Non-member, UG, and Co-Delegate.

WORKSHOPS: only one workshop from Type-I or Type-II can be opted as both the workshops are on the same date and parallel

Table for Workshop registration fees. Columns include Workshop Type (I and II) and fees for Early Bird, Late Bird, and Spot Fee. Includes checkboxes for various workshop topics like Meta Analysis, Health Care Leadership, etc.

*Co-Delegates will not be provided conference kit, abstract book and certificate ** International delegates to pay at the exchange rate of INR 68.50 per USD % Only one workshop can be selected as the workshops are on the same date # Conference kit subject to availability

IPHA Membership No.: >>

Provide membership no. if you've opted for member discount fees

PAYMENT DETAILS

I am attaching herewith the registration fee for INR: _____ (Rupees _____) by Cash | DD | NEFT having UTR/DD #: _____ dated: ____ / ____ / ____ [DD to be made in favour of IPHACON 2017 payable at Jodhpur. [For NEFT transfer, use the bank coordinates A/c # 18720100020684 | IFSC: BARB0INDJOD (5th character is ZERO & 10th character is alphabet "O")

Date: _____

Signature _____