

18TH International Congress of Rural Health and Medicine

Goa, India

December 10-12, 2012

“Challenges for Rural Medicine in the Global Village”

Registration Form

(To be filled in block letters only)

Name of the Participant -----

Organization -----

City/Postal code -----Country-----

Telephone No -----Fax No.-----

Email I. D. -----

Accompanied by-----

Title of the paper being presented-----

Abstract enclosed: Y/N-----

Registration Fee (*Please refer Announcement Brochure*)

	Amount Remitted
Registration Fee	
Accompanying person Fee	
Accommodation deposit	
Total	

Total Amount -----Remitted

through D. D. No.-----Dated-----

(All payment should be sent by bank draft/through account transfer in favor of the “Organizing Secretary 18th International Congress of Rural Health and Medicine”, Central Bank of India, Account No.3106454091 PMT Loni Branch, (Branch Code 3278) India RTGS No. CBINo283278)

Date

Place

Signature of the Participant