

**Silver Jubilee National Conference of  
Indian Association for Social Psychiatry  
(NCIASP-2009)  
15-17 November, 2009**

**Registration Form**

*(Please fill the form in Capital Letters)*

Name:.....

Institution .....Designation.....

Address.....

City.....Pin Code.....

State.....Country.....

Telephone No. : STD Code.....(R).....(O).....

Fax.....Mobile.....

e-mail.....

Name (s) of the accompanying person(s)

(1).....(2).....

Payment details :

Delegate fee                    INR / USD .....

Accom. Person fee            INR / USD.....

Total                            INR / USD.....

Please find enclosed herewith a demand draft no.....date.....

for INR / USD .....drawn on (name of bank).....

.....city.....in favour of

"IASP Silver Jubilee Conference" payable at Lucknow, India.

Date / Place.....

Signature of delegate.....

**Please mail the complete form to:**  
Conference Secretariat, Department of Psychiatry,  
C.S.M. Medical University,UP,  
Lucknow-226003, India  
Phone : 91-0522-2651173  
Email: nciasp2009@gmail.com

For office use only

Receipt No. ....

Registration No.....