

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

Survey & Registration form for paid Workshop on Psychotherapy

(Please fill the form in Capital Letters)

Name.....

Age..... Sex.....

Qualifications

Current Title/Profession.....

Institution.....

Number of Years of experience of working in Mental Health.....

Details of Previous Experience in Psychotherapy.....

Contact Details (including email).....

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

for INR Rs One thousand (1000.00) for non members and INR 800/- for members,
only drawn on (name of bank).....city.....in
favour of "IASP Silver Jubilee

Conference" payable at Lucknow, India.

Date / Place.....

Signature of the participant.....

Please mail the complete form along with DD 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.....