

For official use only

Date received:

Registration no:

Receipt no.

REGISTRATION FORM

3RD INTERNATIONAL CONFERENCE ON TIBETAN MEDICINE

FULL NAME:		
CONTACT ADDRESS:		
E-MAIL:		
PHONE/FAX :		
BLOG/WEBSITE:		
FOREIGN DELEGATE	NATIONALITY:	PASSPORT NUMBER:
DIETARY REQUIREMENT: (please tick your choices)	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Non Vegetarian
REGISTRATION CATAGORIES:		
<input type="checkbox"/> REGISTERD PRACTIONER (QMP, RMP)		
<input type="checkbox"/> NON REGISTERED (India, Nepal & Bhutan)		
<input type="checkbox"/> STUDENT (Medical Inst. Registered under CCTM)		
<input type="checkbox"/> FTM MEMBERS (Friends of Tibetan Medicine)		
<input type="checkbox"/> FOREIGNERS		
PAYMEND MODE:		
TOTAL AMOUNT PAID VIDE - CASH / CHEQUE / DEMAND DRAFT / VISA AND OTHER CARDS		
BEARING NO. DATED		

Place and date of submission: