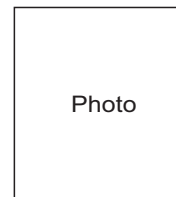




OTICON' 2017
54th ANNUAL NATIONAL CONFERENCE OF AIOTA
17th to 19th February, 2017



REGISTRATION FORM

(Tick wherever apply, Photocopies are accepted, forms can also be download from www.aiota.org www.oticon2017.com)

Name: _____ Age: _____ Male: _____ Female: _____
AIOTA Membership #: _____ Qualification: _____ Blood Group: _____
Institute / Hospital _____

Category of Registration:

Member of AIOTA: _____ Student Members: _____ Other Professionals/ Non-member/ Non Students Members: _____
Overseas Delegate: _____ Overseas Students: _____ Accompanying person: _____
Mailing Address _____

Telephone / Mobile: _____ Email: _____

Emergency Contact:

In case of emergency please contact: (Including country & city code)
Name: _____ Ph. No. _____

PAYMENT

1. Registration Fees:
 - a. Self Rs. _____
 - b. Accompanying Person Rs. _____
2. Accommodation:
 - c. From Organizing Committee _____
 - d. Hotel / Others, specify _____

Single _____, Double _____, No. of Person _____ No. of days _____,
Date of Arrival _____ Date of Departure _____ Rs. _____

Grand Total: Rs.....

Cash / Demand Draft # Cheque # / _____ Dated ____/____/____ Amount Rs. _____
Bank _____ Drawn in favour of "OTICON-17" Payable at Jaipur

VERIFICATION FROM THE HEAD OF OCCUPATIONAL THERAPY SCHOOL (FOR STUDENT PG/UG)

Name of Institute: _____ . This is to
certify that Mr./Ms. _____ is a bonafide PG/UG student
of this institute and he / she is / is not a student member of AIOTA.

College Seal

Signature of Principal / Head

FOR OFFICE USE

Registration # _____, Category _____, Remark _____
Treasurer _____ Organizing Secretary _____

Mail & post this form to: **Dr. S.K. Meena**, Organizing Secretary, OTICON'17
9/199, Malviya Nagar Jaipur-302017(Rajasthan) INDIA,
Mobile : 09414058796, 08502005480 mail : skmeena@rediffmail.com

*Forms can also be downloaded from: www.aiota.org, www.oticon2017.com