





18 - 20 Dec, 2009

## Registration Form

| Registration details (Please fill in all Capital Letters)                                                                                                   |            |            |                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|----------------|
| First Name:                                                                                                                                                 |            | Last Name: |                |
| Gender:   Male   Female                                                                                                                                     |            |            |                |
| Affiliation:                                                                                                                                                |            |            |                |
| Category:   Academic Institution - Student                                                                                                                  |            |            |                |
| ☐ Academic Institution - Faculty                                                                                                                            |            |            |                |
| Other                                                                                                                                                       |            |            |                |
| IEEE Member: $\square$ Yes $\square$ No IEEE Membership No. (if yes):                                                                                       |            |            |                |
| Are you an Author of a paper submitted (accepted or not) in INDICON 2009:                                                                                   |            |            |                |
| ☐ Yes ☐ No                                                                                                                                                  |            |            |                |
| If yes, please provide the Paper ID:                                                                                                                        |            |            |                |
| Have you registered for any tutorial? $\square$ Yes $\square$ No If yes, please provide the tutorial registration ID:                                       |            |            |                |
| Address of correspondence:                                                                                                                                  |            |            |                |
|                                                                                                                                                             |            |            |                |
|                                                                                                                                                             |            |            |                |
| City:                                                                                                                                                       | PIN Code:  |            | State:         |
| Country:                                                                                                                                                    | Phone No.: |            | Email:         |
| Mode of Payment: DD only                                                                                                                                    | DD No.     |            | Date of issue: |
| Issuing Bank:                                                                                                                                               |            |            |                |
| Pl indicate if you want an accommodation be arranged: $\square$ Yes $\square$ No                                                                            |            |            |                |
| If yes, indicate the range of tariff: $\square$ 300-500 $\square$ 500-1000                                                                                  |            |            |                |
| $\square$ 1500-3000 $\square$ above 3500                                                                                                                    |            |            |                |
| (Pl note that accommodation will be arranged on paid basis only. Committee will try to get a reservation done in advance for you but it is not guaranteed.) |            |            |                |

Date

Signature of the Participant

Courier this form at the following address:

INDICON 2009 Secretariat c/o - Ms. Deepa Poduval DA-IICT Near Indroda Circle

Gandhinagar-382 007
Gujarat (India)