

Registration Form

Registration details (Please fill in all Capital Letters)		
First Name:		Last Name:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Affiliation:		
Category: <input type="checkbox"/> Academic Institution - Student <input type="checkbox"/> Academic Institution - Faculty <input type="checkbox"/> Other		
IEEE Member: <input type="checkbox"/> Yes <input type="checkbox"/> No		IEEE Membership No. (if yes):
Are you an Author of a paper submitted (accepted or not) in INDICON 2009: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the Paper ID:		
Have you registered for any tutorial? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate the range of tariff: <input type="checkbox"/> 300-500 <input type="checkbox"/> 500-1000 <input type="checkbox"/> 1500-3000 <input type="checkbox"/> 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)