

**NEURO UPDATE CHENNAI 2009**

**HOTEL ACCOMMODATION FORM**

Name : .....

Address: .....

.....

Tel. No. (Area Code) .....

Email.....

**Hotel:**

Option 1. ....

Option 2. ....

Option 3. ....

Type of Accommodation:

Single

Double

Arrival Date.....Arrival by ..... Arrival time.....

Departure Date..... Departure by ..... Departure time.....

Enclosed D.D. for Rs.....

D.D No. .... Dated..... Drawn on.....

(Kindly send a payment equivalent to one night's hotel accommodation along with registration fees in favour of "NEURO UPDATE CHENNAI" Payable at Chennai).

Conference Secretariat: **Marundeshwara Enterprises**

A2, Shanthi Apartments, 18, T T K 1<sup>st</sup> Cross Street, Alwarpet, Chennai – 600018.

Phone: +91-44-24353079, 24357194, 24328152. Fax : 24320605

E-mail: info@marundeshwara.com. Website: www.marundeshwara.com

# NEURO UPDATE CHENNAI 2009

## REGISTRATION FORM (PLEASE FILL IN CAPITALS)

Title.....Initial.....Name.....

Consultants / Neuro Technicians  Trainee / Students

Organization ..... Position .....

Address for Communication .....

.....

City.....Pin code.....

State.....Country.....

Telephone (with area code).....Mobile.....

Fax.....E-mail.....

### FEE STRUCTURE

Category	On or before 30-10-2008	On or before 15-12-2008	Late & Spot
Practitioners	Rs. 2500/-	Rs. 3000/-	Rs. 3500/-
P G Students	Rs. 1000/-	Rs. 1500/-	Rs. 2000/-

Draft Details:

Draft No.....date.....drawn on.....

For Rs.....

(Demand draft favouring **Neuro Update Chennai**, payable at Chennai, India)