



INTERNATIONAL RESEARCH SYMPOSIUM UVPA-2018

Photo

Conference Registration Form

Please tick relevant box ✓

Title	Mr <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Prof. <input type="checkbox"/>	Rev <input type="checkbox"/>
Name :	First Name <input type="text"/>		Last Name <input type="text"/>		
Country:	<input type="text"/>				
Affiliation:	<input type="text"/>				
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female			
Whether you are presenting a paper	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Registration fee for presenters/non presenters	<input type="checkbox"/> Oversees USD 50	<input type="checkbox"/> SAARC USD 30			
	<input type="checkbox"/> Non UVPA Graduate RS 1500	<input type="checkbox"/> Non presenter per day Rs 1500			
Email:	<input type="text"/>				
Phone Number:	<input type="text"/> Country Code	<input type="text"/> Number			
Whether you need an accommodation (Only for foreign Participants)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> AC	<input type="checkbox"/> Non AC	
Dietary requirements:	<input type="checkbox"/> I am a vegetarian		<input type="checkbox"/> I am a non-veg		
In case of an emergency, your contact point:	Name: <input type="text"/>				
	Contact Number: <input type="text"/>				
	Email: <input type="text"/>				
Signature:					Date: <input type="text"/>