

Offline Registration Form

62nd Annual National Conference Of
Indian Public Health Association
09th - 11th February 2018

Registration Form

IPHA Member: Yes or No (If Yes, Life Membership Number:)

Name (in Block letters):

Designation / Position :

Mailing Address :Pin

.....

Tel : Mobile(O).....(R).....

Fax :E-mail :

Name of accompanying persons with age and relationship:

1.

2.

Accommodation required: Yes /No

If yes, please state number of person and dates:

Registration Fee : Rs.....

Accommodation : Rs.....

Total : Rs.....

Amount in words:

DD Details:

Date:

Signature:

Please send your registration form, registration fee, abstract etc.

To,

Prof. Uday Mohan,

Head of Department,

Organizing Secretary, IPHACON 2018,

Upgraded Deptt. of Community Medicine and Public Health,

King George's Medical University,

Lucknow – 226003

India

E Mail: iphacon2018@gmail.com

You can submit your abstract, registration fee etc. online through conference website.