

SEC India

INTERNATIONAL SOLAR ECLIPSE CONFERENCE

15th to 17th Dec, 2011

Registration Form

One delegate only, per registration form. Please copy for additional delegates

PERSONAL DETAILS							
First Name:		Last Name:		Title:	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Postal Address:							
City:		State/Region:		Country:		Postcode:	
Organisation:							
Phone:					Arrival Date:		
Email:					Departure Date:		
In what Capacity will you be attending the Conference			<input type="checkbox"/> Professional <input type="checkbox"/> Amateur Astronomer <input type="checkbox"/> Student <input type="checkbox"/> Other				
SPECIAL CONSIDERATIONS							
List any special requirements. (e.g. wheel chair access, dietary, etc)							
List any health conditions of which we should be informed							
We ask that all delegates nominate a contact person in cases of an emergency during the conference:							
First Name:		Last Name:		Phone:			
Email:							
Do you require forex service?		<input type="checkbox"/> Yes			<input type="checkbox"/> No		
Will you be requiring Accommodation Facility?		<input type="checkbox"/> Yes			<input type="checkbox"/> No		
Please register me in the following category(Strike one)							
Foreign Delegate/ Indian delegate(Adult)/ College student/ School student/SPACE member							
I am making the payment by Cash/Cheque/DD as per the details mentioned below. _____ Please mention the mode chosen							