

India GCA Conference 2009 Registration Form

Please print and return by e-mail, regular mail or fax.
Please note that this is how you will be indicated on your badge and the list of participants.

Conference Date: November 26 - 27, 2009 Optional Cultural Dates: Nov 28 & 29

1. Participant information

Last Name: _____ First Name: _____
 Title: _____ Prof. Dr. Other: _____ Mr. / Ms. / Mrs.
 Organization/University: _____

 Mailing Address: _____
 Zip code: _____ City: _____
 Country: _____
 Telephones: _____ (Office) _____ (Cell)
 Fax: _____ E-mail: _____

2. Conference Fee

A - Package conference fee includes

- Registration
- 3 nights accommodation (25, 26, 27 November) at Hotel Atria (4 star)
- 2 lunches, 2 dinners - 3 breakfasts - snacks during sessions
- Free Night City Tour on 25 November, 2009

B - Registration fee only

Includes all services and facilities except accommodation. Alternative accommodation close to the conference venue will be made as required.

C - Optional Tour Fees

Post-conference tour on 28, 29 November. Tour fee includes - Transportation from Bangalore to Ooty & return. One night Stay at Ooty - lunch, dinner & breakfast – Elephant ride.

3. Fee Timetable:

Fees Timetable Participant Categories	Conference Package		Registration Only		Optional Cultural Tour	
	Before	After	Before	After	Before	After
Faculty/ Professional Fee	\$750	\$850	\$250	\$270	\$300	\$400
Graduate Student Fee	\$600	\$650	\$180	\$200	\$180	\$220

4. Arrival and Departure

Date of Arrival in Bengaluru: _____ Time: _____ Airline: _____

Date of Departure from Bengaluru: _____ Time: _____ Airline: _____

5. Payment

Payment information

Package Conference fee: \$ _____

Registration Only: \$ _____

Optional Tour Fee: \$ _____

Total fee: \$ _____

5. Method of payment:

Canara Bank Account Number: **SB 0788101055679**

IFSC Code: 0000788

Address: Canara Bank, Kumara Cot Layout, Madhav Nagar, Bangalore - 560001

6. Additional Instructions:

Deadlines: Prepaid Advanced Registration must be electronically submitted, faxed or mailed no later than August 15, 2009. Please use one form per person. If you should have any problems registering, please contact the Chairman Academic, PRCI Dr. Kushal Kumar on 0091- 988-0427-593 or email id: kushal.kumar28@gmail.com

Payment Information:

Registration forms must be accompanied by full payment in order to be processed. No registrations will be accepted by telephone.

Refund policy:

The Conference Office should be notified of cancellations in writing. If the Conference Office receives cancellations before September 1, 2009, the total conference fee will be refunded, less \$25 administration costs. After September 1, 2009, no refunds will be made. Please note that refunds will only be made after the conference.

Confirmation:

Please allow up to 10 days for confirmation of your registration.

By sending in this registration form, I acknowledge that I commit myself to the immediate payment of the full conference fee and/or optional activities fee. I have taken notice of the cancellation terms on this form.

Date: _____/_____/_____

Signature: _____

Return Mailing Address & Contact Information