

USID2010 Conference Registration Form

Please fill separate registration form for each participant.

Name: _____

Category: Student (Rs. 3000/*- each)
 Professional (Rs. 6500/*each. For group of 5 and above Rs. 6000/*- each)
 Professionals with limited abilities (Rs. 3500/- each)

Company/
Institution: _____

Address: _____

City: _____ State _____ Pin: _____

Mobile: _____ Tel: _____

Email: _____

Payment Details

Please make checks/DD payable to the "USID Foundation" and mail to "c/o Raman Saxena, 2D Sriram Ashirwad Apt., Opposite Satyam Office, Kondapur, Hyderabad 500084".

Note: Outstation checks should add Rs. 70/-

Amount: _____

(In Words)

Check #: _____

Bank Name: _____

Branch _____

Participant's Signature

*the conference fee only covers entry to the conference venue for all three days with lunch and two tea breaks each day.