



National Conference on



ASSISTIVE TECHNOLOGY FOR ALL 2023

Improving access to quality and affordable assistive technology
for **EVERYONE, EVERYWHERE**

August 2-3, 2019

Venue: NIMHANS Convention Centre, Hosur Main Road, Lakkasandra,
Hombegowda Nagar, Bengaluru-560 029, Karnataka, India

REGISTRATION FORM

A: Individual details:

Full name: Prof./Dr./Mr./Ms. _____
(Capital letters)

Name for certificate: _____
(Capital letters)

Gender: Male Female Transgender Age: _____

Postal address: _____

City/State/Zip Code/Country: _____

Contact number: _____
Country code Phone number

Alternative contact number: _____
Country code Phone number

Email address: _____ Professional qualification: _____

Professional registration number: _____
(RCI/MCI/IAP/AIOTA/ISPO/Others)

Organisation/University name : _____

Title in organisation/University: _____

B: For Overseas/SAARC delegates:

*Passport No: _____ Issuing authority: _____


Nationality: _____ Date of expiry: _____

C: Delegates profile: Please indicate your category
(select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Healthcare Professional | <input type="checkbox"/> Professional Bodies |
| <input type="checkbox"/> Rehabilitation Personnel | <input type="checkbox"/> Government Agencies |
| <input type="checkbox"/> Caregivers Personnel | <input type="checkbox"/> National and International Bodies |
| <input type="checkbox"/> Researchers | <input type="checkbox"/> Non government Organisations |
| <input type="checkbox"/> Product Developers | <input type="checkbox"/> Academia and Universities |
| <input type="checkbox"/> Manufacturers | <input type="checkbox"/> Corporates/MNCs |
| <input type="checkbox"/> Engineers & Architects | <input type="checkbox"/> Students |
| <input type="checkbox"/> Persons with Disabilities | <input type="checkbox"/> Others (please specify) |

D: Area of expertise:

Please indicate your category (select all that apply)

 Mobility

 Vision

 Hearing & Communications

 Cognition

 Environment & Selfcare

Others (please specify) _____

E: If you need to be accompanied by an assistant, please register his/her name as delegate type:

“Individual” and specify his/her name for the badge below:

Assistant name: _____

F: Please indicate if you need printed material in braille:

G: Registration fees: Attach payment receipt with registration form
(look next page for bank details)

Delegate types: Professionals (INR 3000)

NGOs (INR 3000)

Corporates/Institutions (INR 3000)

INGOs (USD 75)

Overseas delegates (USD 75)

SAARC delegates (USD 50)

Students (INR 2500)

Individuals (INR 2500)

Persons with disabilities, family members, elderly (aged 60+) & carers

One day-Indian national (INR 1600)

Group registration (minimum five - Indian)

Students (INR 2300)

Professionals (INR 2800)

Kindly mail the completed registration forms to: reg-at2030@mobility-india.org

Signature: _____

Date: _____

We look forward to welcome you at the national conference on

**ASSISTIVE TECHNOLOGY
FOR ALL 2030**

BANK DETAILS - REGISTRATION FEES:

BANK NAME	: STATE BANK OF INDIA
ACCOUNT NAME	: MOBILITY INDIA
ACCOUNT NO	: 34797381417
BRANCH	: JAYANAGAR 2ND BLOCK, BANGALORE, KARNATAKA, INDIA
LOCATION	: BANGALORE, KARNATAKA, INDIA
ADDRESS	: # 40/2, PATTALAMMA TEMPLE ROAD OPP A.V.HOSPITAL NEAR SOUTH END CIRCLE BANGALORE-560 011, KARNATAKA, INDIA
IFSC CODE	: SBIN0003286
SWIFT CODE	: SBININBB423