

CRE ON POSITIONAL DEVICES FOR CHILDREN WITH DISABILITIES REGISTRATION FORM



One registration form per person. Please photocopy if more are needed.

<p>Please write in block letters</p> <p>Dr. /Mr./ Mrs. / Ms.:-----</p> <p>Qualification /Profession:-----</p> <p>RCI Reg. No. (If applicable):-----</p> <p>Organization Name:-----</p> <p>Mailing Address:-----</p> <p>City/State:----- Postal Code:-----</p> <p>Telephone / Mobile:-----</p> <p>E-mail Address:-----</p> <p>What is your primary professional setting (Check all applicable)</p> <p><input type="checkbox"/> Academic institution <input type="checkbox"/> Outpatient facility / clinic</p> <p><input type="checkbox"/> Inpatient rehab facility <input type="checkbox"/> Community-based center</p> <p><input type="checkbox"/> Industry/Manufacturer <input type="checkbox"/> Government funded agency</p> <p><input type="checkbox"/> Patient's home care <input type="checkbox"/> Research center</p> <p><input type="checkbox"/> Other, specify</p> <p>Years worked in your professional area?</p> <p><input type="checkbox"/> 2 years or less <input type="checkbox"/> 3 to 6 years</p> <p><input type="checkbox"/> 7 to 10 years <input type="checkbox"/> 11 years or more</p>	<p>Course date 15- 17 March 2017</p> <p>Registration Tariff</p> <p>➤ Early Bird(31.1. 2017)Rs. 4,500</p> <p>➤ Till 25.2. 2017 Rs.5000/-</p> <p style="text-align: center;">*No Spot registration*</p> <p>Please Indicate Below How You Would Like to Pay</p> <p><input type="checkbox"/> Card/Cash: in person</p> <p><input type="checkbox"/> DD/ Cheque: send along with registration form,</p> <p style="text-align: center;">In favour of "MOBILITY INDIA"</p> <p style="text-align: center;">payable at "BANGALORE"</p> <p><input type="checkbox"/> Online Transfer: mention the transaction details:.....</p> <p>.....</p> <p>.....</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #cccccc;">Bank</td> <td>ANDHRA BANK</td> </tr> <tr> <td style="background-color: #cccccc;">Account Name:</td> <td>MOBILITY INDIA</td> </tr> <tr> <td style="background-color: #cccccc;">Account No:</td> <td>120810011000750</td> </tr> <tr> <td style="background-color: #cccccc;">Branch:</td> <td>J.P.NAGAR BANGALORE</td> </tr> <tr> <td style="background-color: #cccccc;">IFSC code:</td> <td>ANDB0001208</td> </tr> </table>	Bank	ANDHRA BANK	Account Name:	MOBILITY INDIA	Account No:	120810011000750	Branch:	J.P.NAGAR BANGALORE	IFSC code:	ANDB0001208
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NOTE:

- Please send us the duly filled in registration form to therapy@mobility-india.org at the earliest.
- Registration fee: No-refund / Non-transferable once paid
- If required any special assistance and for accommodation contact e-mail@mobility-india.org

Signature & Date

FURTHER DETAILS CONTACT:

Programme Co-ordinator:
Mr. Riyaz Hussain, Asst. Manager

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