

Registration form for TOXOCON – 5
5th ANNUAL NATIONAL CONFERENCE OF THE
INDIAN SOCIETY OF TOXICOLOGY

Name:

Designation.....

Organization.....

Member/Nonmember/Student

Age Gender

Membership Number of IST:

Address

.....

Mobile No

Email

Food (Veg/ Non-Veg/ No Choice)

Abstract enclosed (one copy) Yes/No

Accommodation Required? Yes/ No

If Yes, - Hotel / Guest House / Dharmshala

Accompanying person (Yes/ No) If yes, number

Arrival on..... at am/pm

Flight name / Train Name.....

Departure on (date)

Registration Fee	Rs.
IST Membership Fee	Rs.
Accommodation	Rs.
Total	Rs.

Amount:..... DD No:.....

Name of the Bank..... Date:.....

Signature

Signature of HOD with Stamp
(For student delegate)

The Registration Fee and Accommodation charges should be sent as DD only in the name of 'TOXOCON 5' payable at Chandigarh, along with the registration form to:

Organizing Secretary – TOXOCON 5
 Dept. of Forensic Medicine & Toxicology
 Level – 5, Block – B, Govt. Medical College Hospital,
 Sector 32 B, Chandigarh 160030