

# NINTH SIR DORABJI TATA SYMPOSIUM

10-11 MARCH, 2008

## ANTIMICROBIAL RESISTANCE REGISTRATION FORM

.....  
Please use capitals

Full Name (Prof./Dr./Mr./Ms.) : .....

Please: ✓ Male  Female

Qualification:.....

Position:.....

Institution and Department:.....  
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Areas of Special Interest:.....  
.....  
.....

Mailing Address: .....  
.....  
.....

City: ..... Country:.....

Postal Code : ..... Telephone No.: .....

Fax No.: ..... Mobile: ..... (Please indicate STD code number)

Email: .....

Meal Preference: Vegetarian  Non-Vegetarian

Accommodation: Required  Not required

**Registration Fee: Rs. 250/-**

Mode of Payment: By **Demand Draft** drawn in favour of "**Society for Innovation and Development a/c SDTC**" payable at Bangalore.

**Last Date for Registration: 20<sup>th</sup> February 2008**

Date:..... Signature: .....