

# Myocon 2018

## Fourth International Conference on Neuromuscular Diseases

### REGISTRATION FORM

NAME .....

Designation .....

Institution .....

Communication Address :

.....

.....

Phone ..... Mobile ..... EMail .....

Please Tick the following :

Category	Upto 15/11/2018	
<input type="checkbox"/> <b>Consultant</b>	Rs. 750/-	.....
<input type="checkbox"/> <b>PG</b>	Rs. 500/-	.....
<input type="checkbox"/> <b>Parents / Carers</b>	Rs.300/-	.....
	<b>Total</b>	.....

#### REGISTRATION FEES

Category	Upto 15/11/2018	Late & Spot	
<b>Consultant</b>	Rs. 750/-	Rs. 1,000/-	Day 1
<b>PG</b>	Rs. 500/-	Rs. 750/-	Day 1
<b>Therapists</b>	Rs.600/-	Rs. 800/-	Day 1
<b>Parents / Carers</b>	Rs.300/-	Rs.500/-	Day 2

P.S. :After 15.11.2018 Late / Spot Charges will apply. Please fill the amount accordingly.

Registration is compulsory for poster / platform presentations

\* Bonafide Certificate from HOD/Principal required for Students

Please find enclosed Demand Draft No..... Dated ..... drawn  
.....on Bank in favour of "**Muscular Dystrophy Association India**" payable at Chennai.  
For Online Money Transfer "**Muscular dystrophy association India**", Account no 1037347647,  
Central bank of India, Triplicane branch, IFSC Code CBIN0280884, MICR 600016023.

Signature .....

Date .....