

REGISTRATION FORM

Name (Dr/Mr/Mrs/Ms) : _____

Institution/Company : _____

Address for Correspondence : _____

Mobile No. : _____

Email : _____ **Bank:** _____

DD Number : _____

DD in favour of IIBAT, payable at Chennai

I intend to participate in the conference and present a paper entitled:

Preference of presentation : **Oral / Poster**
City tour (No additional charges) required : **Yes / No**
Food preference : **Veg / Non-Veg**
Intend to Visit IIBAT on 06th September, 2018 : **Yes / No**

Participants can make their payment through online mode using the following details

Name of the A/C Holder : International Institute of Biotechnology and Toxicology
Account Number : 0203073000000069
Name of the Bank : South Indian Bank, Padappai
IFSC Code : SIBL0000203
MICR Code : 60059015
Place :
Date :

Signature of the participant :

Please send the duly filled - in registration form (available at our website www.iibat.com) along with the demand draft to the Organizing Secretary on or before 01st August 2018. You may also send the scanned soft copy of the filled-in registration form via e-mail to conference@iibat.com