

Registration Form
CTDDR-2013: Drug Development for
Orphan/Neglected Diseases

February 26-28, 2013

CSIR - Central Drug Research Institute, Lucknow

Title

Name

Address

Phone

Mob.

E-mail

- ☐ I intend to participate in the symposium
- ☐ I intend to make a poster/ oral presentation
- ☐ I am enclosing the registration amount
- ☐ I would like to have accommodation (guest house/hotel)
- ☐ I have made online registration and paid the fee by
credit card / debit card.

Amount.....Cheque/Draft No.

Date.....

Name of Bank.....

Date:/....../.....

Signature

