

*For official use only*

Date received:

Registration no:

Receipt no.

## **REGISTRATION FORM**

### **2<sup>nd</sup> International Conference on Tibetan Medicine**

FIRST NAME	MIDDLE NAME	LAST NAME
<b>CONTACT ADDRESS:</b>		
<b>E-MAIL:</b>		
<b>PHONE/FAX :</b>		
<b>BLOG/WEBSITE:</b>		
<b>DIETARY REQUIREMENT:</b> (please tick your choices)	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Non Vegetarian
<b>REGISTRATION CATAGORIES:</b>		
<input type="checkbox"/> REGISTERD PRACTIONER (QMP, RMP)		
<input type="checkbox"/> NON REGISTERED (India, Nepal & Bhutan)		
<input type="checkbox"/> STUDENT (Medical Inst. Registered under CCTM)		
<input type="checkbox"/> FTM MEMBERS (Friends of Tibetan Medicine)		
<input type="checkbox"/> FOREIGNERS		
<b>PAYMEND MODE:</b>		
TOTAL AMOUNT ..... PAID VIDE - CASH / CHEQUE / DEMAND		
DRAFT / VISA AND OTHER CARDS BEARING NO. ....		
DATED .....		

*Place and date of submission:*