

REGISTRATION FORM	Reg. no. (for office use only)
--------------------------	-----------------------------------

FIRST NAME		LAST NAME	
TITLE		CREDENTIALS	Kachupa: Menrampa:
ORGANIZATION		POSITION	

Your Interested Topics for the next conference:

1.
2.
3.

Postal ADDRESS	
----------------	--

WEBSITE		E-MAIL	
SKYPE ID		FAX	
CONTACT NUMBERS		OFFICE/RESIDENCE	

Are you vegetarian (select one)	Yes	No
---------------------------------	-----	----

NON REGISTERED DOCTORS/PROFESSIONS

Registration Fee¹: Rs. 1000.00

PAYMENT OPTION	CASH	CHEQUE	MONEY ORDER
----------------	------	--------	-------------

Any donation ² , please write down here >>>>>>>>>	Rs.
--	-----

Q & A

	How did you know about this conference?	
	Do you want to receive our (CCTM&TMAI) newsletters?	
	Do you have any complain receiving our previous newsletter?	
	If you are Tibetan Medical Practitioner, have you ever registered under the Central Council of Tibetan Medicine (CCTM)?	
	Have you paid your membership dues?	
	Any comments or suggestion, please write here:	

¹ (Reg. fee includes five lunches, one dinner, conference kits and participation certificate. Certificate will issue only for the participant who have attended all the sessions.)
² A coin of donation will help us to organize free workshop and conference on Tibetan Medicine. Your donation means your support and cooperation for this committee.

