

**International Conference on Reproductive Health with  
Emphasis on Strategies for Infertility, Assisted Reproduction and Family Planning**

&

27<sup>th</sup> Annual Meeting of the Indian Society for the Study of Reproduction and Fertility (ISSRF)

**23<sup>rd</sup> – 25<sup>th</sup> January, 2017**

Indian Council of Medical Research, New Delhi-110 029

**ACCOMMODATION FORM**

Delegate Name:

Prof./Dr./Mr./Mrs./Miss \_\_\_\_\_

Name : \_\_\_\_\_

(First Name)

(Last Name)

(Middle Name)

Mailing Address \_\_\_\_\_

\_\_\_\_\_ Pin \_\_\_\_\_

Cellphone No. \_\_\_\_\_

E-mail \_\_\_\_\_

Accompanying person's Name \_\_\_\_\_ Sex \_\_\_\_\_

Type of accommodation required : Single Bed  Double Bed

Guest House - (Govt.)  (Private)  Hotel  Hostel  .

Total No of days \_\_\_\_\_ Date of arrival \_\_\_\_\_ departure \_\_\_\_\_

Mode of transportation : Air  Train  Bus

Particulars of accommodation charges sent:

Demand Draft No. \_\_\_\_\_ Bank \_\_\_\_\_

Direct Bank Transfer (NEFT/ RTGS): Yes  No

Amount (Rs./US\$) \_\_\_\_\_ Dated \_\_\_\_\_ Bank Transfer ID \_\_\_\_\_

I accept the terms and conditions for cancellation of registration.

Interested for post conference tour - Yes  No

If yes, within Delhi  Around Delhi

Jaipur  Agra  Haridwar  Shimla  Nainital  Others

If Others Please Specify \_\_\_\_\_

**Dated**

**Signature**