**INDIASLEEP 2018**

***(Annual Academic Meeting of the Indian Society for Sleep Research)***

***September 21-23, 2018***

## **REGISTRATION FORM**



## **The Treasurer**

## **The Indian Society for Sleep Research**

**Department of Physiology**

**All India Institute of Medical Sciences**

**New Delhi – 100 029, INDIA**

Dear Sir/Madam,

Please register me for *IndiaSleep* 2018.

|  |  |
| --- | --- |
| **Name** |  |
| **Date of Birth** |  |
| **Qualification** |  |
| **Designation** |  |
| **Area Interest** |  |
| **Present address** |  |
| **Email** |  |
| **Mobile** |  |

I will be attending

NSMC + IndiaSleep 2018- Rs 6000/- (includes complimentary skill stations workshop on 21 September 2018, and two years membership to ISSR)

NSTC- Rs 2500/-

(includes complimentary skill stations workshop on 21 September 2018)

NSTC + IndiaSleep 2018- Rs 5000/- (includes complimentary skill stations workshop on 21 September 2018, and two years membership to ISSR)

Sleep Technician Certification Examination on 22 Sept 2018- Rs 7500……

Total= Rs……..

Please find my registration fee enclosed.

**(Kindly enclose transaction id in the form and send the snapshot of the form and the transaction at** [**issrindiasleep@gmail.com**](mailto:issrindiasleep@gmail.com)**). The last date for registration is August 31, 2018**

**Payment details:**You can send by bank transfer: AC No: 10874588162 , State Bank of India, Ansari Nagar, new Delhi, 110029. IFSC: SBIN0001536.Please mention the date of transfer and the amount:

Signature:

Date: