



14th - 16th, October 2011

ACCOMMODATION FORM

Name :

Address for Correspondence:

.....

City : State :

Country : Pin:

Tele/Fax / E-mail :

No. of Rooms Single / Double

AC/ non AC

No of accompanying person(s)

From (Check in date) To (Check out date)

Hotel Preference

1.

2.

3.

Payment by Demand Draft

Demand Draft should be drawn in favour of "APEODS-2011" payable at Chandigarh.

DD No. Dated Drawn on Bank.....

Amount (in figures)

(in words)

Payment by Wire Transfer

Account name : APEODS 2011 Account No. :31095649589

Swift Code : SBININBB443

Held with : State Bank of India, Medical Institute Branch (01524)
Sector 12, Chandigarh, India

Conference Secretariat
Room No. 5, 4th Floor, F- Block, Nehru Hospital
Postgraduate Institute of Medical Education & Research, Chandigarh (INDIA)