

# Indian Delegate Registration Form

Punarnava Ayurveda Trust

A-21, Parsn Galaxy Nanjundapuram Rd, Coimbatore 641 036 INDIA.

Ph +91 422 4308081, Ph +91 93603 15495



YES! Register me for the following.

| All fee in Rupees   | Early bird<br>Until Aug 31<br>2010 | Second stage<br>Sep 01 -<br>Dec 31 2010 | Third stage<br>Jan 01 2011<br>onwards |
|---|------------------------------------|---|---------------------------------------|
| Ayurveda / Yoga student from India. I am an Indian living in India. (ID card or a letter from your Principal required). | 700 <input type="checkbox"/>       | 850 <input type="checkbox"/>            | 1150 <input type="checkbox"/>         |
| Ayurveda physician / teacher from India. I am an Indian living in India. (Registration Number required)                 | 1200 <input type="checkbox"/>      | 1450 <input type="checkbox"/>           | 2300 <input type="checkbox"/>         |
| I am an Indian citizen living in India.   | 3500 <input type="checkbox"/>      | 4000 <input type="checkbox"/>           | 6000 <input type="checkbox"/>         |

My registration includes: (a) All conference materials, and (b) Vegetarian breakfast, lunch and dinner from Feb 17 to 21 '11 (excluding dinner on 21st).

## Payment options

- DD or Money Order: Payable to "Punarnava Ayurveda Conference" at Coimbatore, and send to Punarnava Ayurveda, A-21, Parsn Galaxy, Nanjundapuram Road, Coimbatore 641036, India.
- Bank Transfer: Account number - Punarnava Ayurveda Conference.  
Account No. - 0100746425.  
Name of the bank - Citibank.  
Branch - Tristar Towers, Avinashi Road, Coimbatore.  
IFS Code - citi0000011.  
Swift Code - citiinbx
- Credit Card: VISA card and Master card through [www.AyurvedaConference.com](http://www.AyurvedaConference.com)

The Third International Conference on Indian Knowledge Systems At Parmarth Niketan Ashram, Rishikesh From February 17-21 2011

# Booking & Registration Form

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Please print. Please write your contact details clearly as this will be our primary means of communicating with you

First name .....

Last name .....

Title Dr. / Prof. / Vaidya / Mr. / Ms. / Mrs.

If Ayurveda physician, registration number is

.....

Gender Male / Female

Address .....

Town .....

State .....

PIN Code .....

Country .....

Day Phone .....

Eve Phone .....

Mobile .....

E-mail .....

.....

College/Hospital/Institution

.....

Others, (occupation)

.....

Accommodation:

I will make my own arrangements for accommodation

I would like you to help arrange my accommodation and I will contact you at conference@

Punarnava.com

Signature: ..... Today's date: .....

Further information: Ph: +91 4222 311 521 • +91 9360 315 495

Email: conference@punarnava.com • Web: www.AyurvedaConference.com

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