

REGISTRATION FORM

INTERNATIONAL BUFFALO CONFERENCE

February 1-4, 2010

(To be filled in by the participant)

1. Name : _____
(First Name) (Middle Name) (Surname)

2. Designation : _____
Affiliation : _____

3. Age(years) : _____

4. Sex : Male Female

5. Please tick appropriate option : ISBD member / Non member / Foreigner / Student

6. Presentation: : Lead paper / Submitted paper / Abstract
Title of presentation : _____

7. Address for correspondence : _____

Phone : Office _____
Resid. _____
Cell _____

E-mail : _____

8. Accompanying person(s) : Numbers _____
Name(s) : 1. _____
2. _____
3. _____

Arrival date & time : Date _____ Time _____
Train / Flight No. : _____

Departure date & time : Date _____ Time _____
Train/ Flight No. : _____

9. Details of payment of Registration Fee : Amount _____
Bank Draft No. _____ Dated _____
Drawn on bank _____

Date : _____

Signature