

**JOURNAL OF POSTGRADUATE MEDICINE (JPGM)**  
**JPGM Writecon 2009 - A conference on medical writing**  
**03(Thursday), 04(Friday) December 2009**

**Registration form**

Surname	
Middle name or initial	
First name	
Address for correspondence:	
Address 1	
Address 1 (continued)	
City	
State	
Pin code	
Country	
Institutional Affiliation: (For delegates from academic institutions)	
Department:	
Organization (For corporate delegates):	
Address*	
City	
State	
Pin code	
Country	
Phone (Country-STD code):	
Fax (Country-STD code):	
Mobile:	
E-mail:	

\*If same as address for correspondence, leave blank

**Registration fees:**

Delegate	1 <sup>st</sup> - 31 <sup>st</sup> Aug 09	1 <sup>st</sup> - 30 <sup>th</sup> Sept 09	1 <sup>st</sup> - 31 <sup>st</sup> Oct 09	1 <sup>st</sup> - 30 <sup>th</sup> Nov 09	Spot
<b>Academic</b>	Rs. 750/-	Rs. 1,000/-	Rs. 1,250/-	Rs. 1,500/-	Rs. 2000/-
<b>Corporate</b>	Rs. 1,500/-	Rs. 2,000/-	Rs. 2,500/-	Rs. 3,000/-	Rs. 4000/-

**Payment details:**

**Demand draft (DD) no:**

**Dated:**

**Bank with branch:**

**Date:**

**Signature of delegate:**

**Instructions:**

1. Demand draft should be drawn in favor of 'JPGM-conference', payable at Mumbai (Bombay)
2. If you are a Postgraduate student, please attach permission letter from HOD
3. Organizers regret that accommodation cannot be provided. Delegates are kindly requested to make their own arrangements
4. No cheques will be accepted. Payment by cash or DD only

Please send completed form along with DD to

**Dr. Nithya Gogtay**

**Organizing Secretary**

**Conference Secretariat**

**Department of Clinical Pharmacology**

**New MS Building, 1<sup>st</sup> Floor**

**Seth GS Medical College and KEM Hospital**

**Parel, Mumbai (Bombay) -400 012, INDIA**

**[E-mail-jpgmwritecon2009@yahoo.in](mailto:jpgmwritecon2009@yahoo.in)**