## Capacity Building in

## Complementary & Alternative therapies



International nursing Conference

## **Registration Form**

Name :				
Designation :				
Name of the Instn / Orgn :				
If in group No.of Participants:				
Address of Communication :				
Phone Office :	Residen	ce:		
Mobile :	Email:			
Accommodation Reqd :				
Type of Accommodation :				
Date & Time Of Arrival:				
DD No:				
Bank Name:				
Amount:				
Date:	Sigr	nature	Γ	