

Registration Form

First Middle Last
Name _____

Institution/Hospital Name: _____

Address for Correspondence: _____

Country: _____ PIN/ZIP: _____

Journal/Organization: _____ Designation: _____

State: _____ City: _____

Phone (s): _____ Mobile: _____

Email: _____

Registration Category

☐ WAME Member

☐ Non-Member

☐ WAME Member
(reduced rate country)

☐ Non-Member
(reduced rate country)

☐ Accompanying person

☐ WAME Member
(India)

☐ Non-Member
(India)

☐ Accompanying person
(India)

Accommodation Required

☐ Yes ☐ No

Hotel Name

.....

Occupancy Type

1. Single Occupancy []

2. Double Occupancy []

Check in Date

Check out Date

Accompanying Persons Name

1.....

2.....

Workshop

☐ Interested

☐ Not Interested

Select Anyone

Workshop for Editors A Journal Editor's Tool Kit (Coordinator: Rod Rohrich)

[]

COPE-WAME Workshop on Detecting and Responding to Research Misconduct (Coordinator: Lorraine Ferris)

[]

Peer Review for Editors, Reviewers and Authors (Coordinator: Tom Lang)

[]

Kindly make demand drafts / at par cheque in favour of "Events With Us" payable at Delhi

Draft/Cheque No. Date. INR Bank

Please send duly filled registration forms along with DD/ Cheque to the below address:

All future communications will be sent through email. Confirmation will be sent within 07 days after receiving the registration form.

Mailing Address:

Events With Us.

301, Aggarwal Complex, LSC, A-1/B, Janakpuri, New Delhi – 110058, T: 011 – 45199100, Email: info@meeting2015wame.org

Check your registration @ **Website:** www.meeting2015wame.org