**REGISTRATION FORM**

**Name :** <type here>

**Designation/Profession :** <type here>

Affiliation: <type here>

Sex:M/F: <type here>

Address: <type here>

City/Town: <type here> Country : <type here>

**E-Mail :** <type here>

Fax: <type here> Mobile: <type here>

Research field/Theme: <type here>

Title of the Abstract: <type here>

Presentation: Oral/Poster : <type here>

**Registration**

DD/Cheque No: Dt: …/…/2014

Amount:

Date:

Place:

(Signature)

Send a dully filled copy of this or self-typed form along with demand draft of applicable registration fee in favor of Director, Institute of Indigenous Medicine, University of Colombo, Rajagiriya, Sri Lanka, People’s Bank, corporate Banking division, Account number 078100172268458, swift Code: PSBKLKLX.