



IFCN



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NIMHANS



# 6<sup>th</sup> Asian-Oceanian Congress of Clinical Neurophysiology (AOCCN)

November 9 - 12, 2017 Bengaluru, India

## **ACCOMMODATION FORM**

(PLEASE FILL IN CAPITALS)

Title.....Initial.....Name.....

Address for Communication .....

.....

City..... Pin code.....

State.....Country.....

Telephone (with area code)..... Mobile.....

Fax.....E-mail.....

Hotel :

Option 1: .....

Option 2: .....

Option 3: .....

Type of Accommodation: Single  Double

Arrival Date..... Arrival By..... Arrival Time .....

Departure Date..... Departure By.....Departure Time.....

Enclosed DD. For Rs. ....

DD. No..... Dated..... Drawn On.....

(Kindly send a Payment Equivalent to One Nights Hotel Accommodation along with Registration Fees in favour of "Marundeshwara Enterprises" Payable at Chennai.)

**Send in your filled registration form to:**

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