

REGISTRATION FORM

NATIONAL NURSING CONFERENCE ON RESEARCH METHODOLOGY

15th & 16th February 2019

Please use CAPITAL LETTERS and return this form to:

www.rrcn.org . tel : 080-28437512

rrconconference@gmail.com

REGISTRATION DETAILS

Mr. Ms. Dr. Prof.

Family Name: First Name:

Position: Department:

Organisation/Company:

Address:

Zip code: Town: Country:

Phone: Fax:

Email:

Registration fees details

CATEGORY	EARLY REGISTRATION (On before 10-02-2019)	SPOT REGISTRATION
UG STUDENTS	Rs 500/-	Rs 750/-
PG STUDENTS	Rs 750/-	Rs 1000/-
OTHERS(Faculty/Staff nurses)	Rs.1000/-	Rs.1500/-

Payment Details (*)

Beneficiary name :RajaRajeswari college of Nursing

Account number:263701000141

Name of the bank: ICICI

Branch :Kumbalagodu

IFSC code:ICIC0002637

Note: Send Scan Copy of Payment Slip or proof of payment to rrcnconference

Bring this registration form with you to the Conference Venue

Additional Information (*)

Are you personally attending the Event: Yes No

Number of persons attending the event from your team: -----

How do you get the information about the conference?

- Email From college Referred by your Guide Referred by Professor
 Referred by Friend all conferencealerts.co other website (mention below)
-

I do herewith declare that all the information given by me is true and if at any moment it is found to be wrong my registration for event will be cancelled by RRCON management can take necessary action against me.

Date

Signature

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