



**ISPS**  
**XVth International School on Positron Studies**  
**Jan 14 - 16 2009, SINP, Kolkata, India**

**REGISTRATION FORM**

Please complete and return this form to the following address before July 31, 2008:

ICPA – 15, SINP, Kolkata, India

Fax: +91-033-23374637

Email : [isps.registration@saha.ac.in](mailto:isps.registration@saha.ac.in)

**NAME:**  Prof.  Dr.  Mr.  Ms.

Last name \_\_\_\_\_ Middle name \_\_\_\_\_ First name \_\_\_\_\_

**ORGANIZATION:** \_\_\_\_\_

**ADDRESS:**  Office  Home \_\_\_\_\_

Postal code \_\_\_\_\_ Country \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_

**Name of Accompanying Person, if any:**

Mr.  Ms. Last name \_\_\_\_\_ Middle name \_\_\_\_\_ First name \_\_\_\_\_

**REGISTRATION**

<b>Participant :</b>	<b>Before Oct 31, 2008</b>	<b>After Oct 31, 2008</b>
Student <input type="checkbox"/>	200 euros	250 euros
Accompanying person <input type="checkbox"/>	50 euros	50 euros
Total _____ euros		

I (We) have remitted the above sum of total on \_\_\_\_\_ (date) by the name of \_\_\_\_\_ (name of remitter) through \_\_\_\_\_ (name of bank) to:

**INDIAN OVERSEAS BANK, SALT LAKE BRANCH. Branch Code: 0893**

**A/C No: CD1031, A/C Name: ICPA-15. SWIFT CODE: IOBAINBB001 (either / or) IOBAINBB135**

\* We would appreciate your sending us a copy of the bank receipt ( necessary documents) of your remittance to avoid the probable confusion.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Note: Accommodation will be provided for the students who register for ISPS.**