

How to Register?

- (1) **Registration form-** DOWNLOAD - available online/ copy in page 2 of this document.
- (2) **Fee Submission-** The fee can be paid either by (I) Demand Draft (II) Online transfer (III) Credit card/Debit Card (MasterCard/VISA)

Bank Account Details		
Bank Name- AXIS Bank	Branch/City- Saharanpur Road / Dehradun	IFSC Code- UTIB0000093
Account Name- Graphic Era University Account Project	Account No. - 918010033989481	SWIFT Code- AXISINBB093

A copy of duly filled registration form and details of registration fee should be sent through email to josheen@fvsu.edu and ashish.thapliyal@geu.ac.in

REGISTRATION FORM

INTERNATIONAL CONFERENCE ON MEDICINAL, AROMATIC AND NUTRACEUTICAL PLANTS FROM MOUNTAINOUS AREAS

9TH ANNUAL CONFERENCE AMERICAN COUNCIL FOR MEDICINALLY ACTIVE PLANTS (ACMAP)

February 14-16, 2019

REGISTRATION FORM

Category

Please select

a) Observer (O) / Delegate (D)

↑

☐

b) Paper presenter may indicate preference for (oral/poster)

Oral

☐

Poster

☐

Name: Prof./Dr./Mr./Ms. _____

Address: _____

State: _____ Country: _____

Contact Numbers(Landline/Mobile): _____ E-Mail _____

Title of the Paper followed by author(s) _____

Presenting author: _____

I will be accompanied by _____/None

Date of Arrival: _____ Mode of arrival: _____

Date of Departure: _____ Mode of Departure: _____

Accommodation required (on payment basis): ☐ Yes ☐ No

Indicate: ☐ Hotel ☐ Guest House ☐ Hostel
Choice (Limited)

Whether interested for optional tours (on payment basis)

Pre Conference Tour: ☐ Yes ☐ No Post Conference tour: ☐ Yes ☐ No

Registration fee of US\$/Rs. _____ sent through Online transfer / bank transfer/demand draft

Details of transfer: Mode of transfer(Credit card, Debit card– Master Card/VISA), Bank A/C _____

Transaction ID _____ Date _____

DD No _____ Dated _____ Bank _____

Place

Date

Signature