

## Registration fee for Delegates

Delegate Category	Registration fee up to 30 <sup>th</sup> September, 2017	Registration fee after 30 <sup>th</sup> September, 2017
IAHP Member Delegates (With Accommodation)	4,000/-	4,500/-
Outstation Delegates** (With Accommodation)	4,500/-	5,000/-
Outstation Students** (With Accommodation)	3,500/	4,000/-
Local Delegates	2,500/-	3,000/-
Local Students*	2,000/-	2,500/-
Accompanying Persons	3,500/-	4,000/-
Foreign Delegates	US \$ 200	US \$ 300

\*Students must submit a certificate issued by the Head of their Department/Institute to the effect that they are bonafide student and willing to participate in the ICIAHP-2017.

\*\***Without Accommodation**, Outstation delegates will have to pay local delegate fee charges and Outstation students will have to pay local student fee charges.

**All payment are to be made by demand draft (DD) in favour of "ICIAHP-2017" Payable at Lucknow or Online NET Banking payment to Vijaya Bank, Hazratganj Branch, Lucknow(U.P.) A/C No. 710600301000500 (IFSC Code no : VIJB0007106).**

**Please intimate Online NET Banking payment of registration to [iciahp2017@gmail.com](mailto:iciahp2017@gmail.com)**

### **Registration fee will cover:**

- ❖ Transport facility only from **Lucknow Railway Station** to hotel/ University guest house on arrival of **registered Outstation delegates and students with accommodation category.**
- ❖ Conference kit including conference badge, souvenir / abstract book and writing materials to the delegates.
- ❖ Admissions to inaugural function, scientific sessions, exhibition of psychological tests/ books and valedictory function.
- ❖ Breakfast, lunch, tea / coffee and dinner during the conference **period with effect from Dinner of 11<sup>th</sup> November to lunch of 14<sup>th</sup> November, 2017.**



**ICIAHP-2017**  
**(November 12-14, 2017)**  
**REGISTRATION FORM**

Name (CAPITAL LETTERS): \_\_\_\_\_

Gender: Male / Female      Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Affiliating Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Pin code: \_\_\_\_\_

Mobile No: \* \_\_\_\_\_

Email Id \* \_\_\_\_\_

**\*Mobile No. and Email ID is mandatory to provide for communicating with organizer**

Presenting paper: YES / NO

Life Member: YES / NO      Life Membership Number.....

Title of paper: \_\_\_\_\_

No. of Accompanying Persons: \_\_\_\_\_

Accommodation Required:                      Yes / No

Date and Time of Arrival: \_\_\_\_\_

Date and Time of Departure: \_\_\_\_\_

**Delegate Category:** \_\_\_\_\_

Registration Fee Payment Details:

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Please mention in the registration form and also intimate by e-mail about the Online NET Banking payment of registration fee to: [iciahp2017@gmail.com](mailto:iciahp2017@gmail.com)