

REGISTRATION FORM



8th International Conference on

Translational Clinical Pharmacology Research in Drug Development

23rd to 25th April 2015 (Thursday to Saturday), Mumbai. (India)

Venue: Nehru Centre, Dr Annie Besant Rd, Worli, Mumbai, India 400018

Organized by

South Asian Chapter of American College of Clinical Pharmacology

Registration for: *Please tick (✓) in appropriate boxes.*

- Workshop 1: Application of Translational Pharmacokinetics (PK)/Pharmacodynamics (PD) Principles in the Development of Anti-infective drugs (23rd April 2015)
- Workshop 2: Medical and Scientific Writing (23rd April 2015)
- 2 days conference (24th-25th April 2015)

Name:

.....
(In CAPITAL) (Surname) (First Name) (Middle Name)

Institution/Company:

.....
Department:

.....
Address for correspondence:

.....
City **Pin code** **State**

Country **Mobile No.** **Res. No**

Office No **E-mail**

A. Demand draft/cheque payable at par at Mumbai. The cheque/draft should be in favour of "South Asian Chapter of ACCP" and send to: **SAC-ACCP 2015 Conference Secretariat**, 1st floor, NIRRH, ICMR, Govt. of India, Parel, Mumbai- 400 012

B. Electronic Fund Transfer. The relevant details are:

1. For credit to Savings Bank A/c No. 0110101103475, Canara Bank Branch: Parel Mumbai; IFSC Code: CNRB0000110 (5th character is zero) MICR Code: 400015055, Branch Code: 000110.
2. Name of Remitter: _____ (Please mention the name of the individual or sponsoring organization)
3. Purpose of Remittance: 8th Annual Conference of SAC-ACCP

In addition send online registration form to: conferences@sacaccp.org

Applicant's Signature