



REGISTRATION FORM

International Conference on
“**CHALLENGES AND OPPORTUNITIES FOR CLINICAL PHARMACISTS**”
(ICCOP 17th & 18th December, 2018)

Please type or fill the information clearly in **BLOCK** letters only.

To
Convener,
College of Pharmaceutical Sciences
Dayananda Sagar University
Kumaraswamy Layout, Bengaluru.

Dear Sir/Madam

I wish to attend two days international conference on “**CHALLENGES AND OPPORTUNITIES FOR CLINICAL PHARMACISTS**” and am submitting the relevant details as below;

Name of the delegate:

Designation:.....Organization:.....

Address for communication:

Mobile: Email:

Payment details:

Reference/ DD no: Date:

Amount in words:

Bank/branch:

DD to be drawn in favor of “**DAYANANDA SAGAR UNIVERSITY**” payable at Bengaluru

Signature of Participant

Principal's signature with seal

Send the filled registration copy along with payment details (DD) to
The Dean, College of Pharmaceutical Sciences, Dayananda Sagar University
Kumaraswamy Layout, Bengaluru-560078 and also scanned copies to

iccopharmaconference2018@gmail.com

(Last date for submitting the registration form is 10.12.2018)