

## REGISTRATION FORM

Title: Prof/Dr/Mr/Ms/Mrs

Name \_\_\_\_\_

Organization: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: Fax: Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

Passport details

Nationality \_\_\_\_\_ Passport No. \_\_\_\_\_

Date of issue \_\_\_\_\_ Validity up to \_\_\_\_\_

I wish to attend the conference YES / NO

I wish to submit an abstract YES / NO

**Poster Size: 30"width x 40" height**

***Topics for poster (Tick appropriate one)***

Genetic Resources Allelic Diversity Germplasm Enhancement Genomic Resources Comparative  
Genomics Biotic and Abiotic Stresses Product Quality and Safety

Title of the Abstract \_\_\_\_\_

\_\_\_\_\_

I am sending registration fee of US\$ \_\_\_\_\_ through cheque/DD No \_\_\_\_\_

Dated \_\_\_\_\_ payable in favor of ICRISAT (AAGB-2009)

Date: Signature: