

# Registration Form

**IVrth INTERNATIONAL SYMPOSIUM ON 'COGNITION, STRESS AND MENTAL HEALTH'  
14 - 16 December, 2009  
Department of Psychology, Banaras Hindu University, Varanasi-221 005, INDIA**

Title : Dr. / Prof. / Mr. / Ms.

Name : .....

Designation:.....

Home Address:.....Pin/Zip.....

Work Address.....Pin/Zip.....

E mail ID: .....

Phone: Home .....Office :.....Mobile :.....

Nationality :.....Passport No. :.....

Accommodation needed: Yes / No

Preferred Accommodation: Guest House / Hotel or Lodge

Types of Accommodation Required: Double Single Shared

Name of the Hotel:

Demand Draft Number .....dated..... towards Registration

Total Rupees / USD: .....

Category of Registration: Outstation/Local

Payment: Amount enclosed: .....

**\*Payment to be made through demand drafts (cheques are not accepted) drawn in favour of Director, 4rth International Symposium on Cognition, Stress and Mental Health, Payable at Varanasi.**

Travel Details : By Air / Rail/ Road Train/Air Name and No .....

Expected Date and Time of arrival.....

Signature of delegate with date

Signature Organizing Secretary

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For Office use only

Receipt No.....Accommodation at.....

From.....to..... Communicated on.....

Checked  
Signature with date

Verified  
Signature with date

**Director, Symposium**

**Treasurer, Symposium**

**Organizing Secretary, Symposium**

Fourth International Symposium on  
**'Cognition, Stress and Mental Health'**  
14-16, December, 2009