

REGISTRATION FORM
Childhood Physical Activity and Body Composition
Applying Global Knowledge to the South Asian Scenario
 6th & 7th November 2008, Kadavu Resort, Calicut, India.



*Please fill in your name, title and work place, as you would like them to appear on the delegate list.

*Full name: Prof / Dr / Mr / Mrs / Miss / Ms		
*Post or job title: Place of work:		
*Correspondence address:		
*Telephone no:	Email address:	Please tick here for DOHaD membership information <input type="checkbox"/>
Society Membership (tick as applicable): <input type="checkbox"/> DOHaD <input type="checkbox"/> SNEHA		
Special requirements (allergy, disability, etc): <input type="checkbox"/> Vegan <input type="checkbox"/> Vegetarian <input type="checkbox"/> Allergy (please specify)		

Conference reservation (N.B. Final Registration Deadline is 31/10/08)

Please tick ONE of the following options:	Earlybird Deadline: 1/10/08	2/10/08 –31/10/08
Indian / developing country		
<input type="checkbox"/> DOHaD/ SNEHA Member	Rs.1500 / £20	Rs.1750 / £25
<input type="checkbox"/> Non-member	Rs.2500 / £35	Rs.2750 / £40
<input type="checkbox"/> Student	Rs.1000 / £15	Rs. 1250 / £17
Developed country		
<input type="checkbox"/> DOHaD/ SNEHA Member	£55	£67
<input type="checkbox"/> Non-member	£110	£130
<input type="checkbox"/> Student	£27	£40

PAYMENT (for Indian delegates):

<input type="checkbox"/>	I enclose the demand draft for Indian Rs _____ made payable to Holdsworth memorial Hospital, Mysore
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PAYMENT (for Non-Indian delegates): Please fill in ONE option

<input type="checkbox"/>	I enclose my cheque for £_____ made payable to DOHaD
<input type="checkbox"/>	I wish to pay by VISA/MASTERCARD/SWITCH (<i>delete as applicable</i>)
	Card No. _____ Expiry date: ____/____/____
	Cardholder's name _____ Issue No or Start date: ____/____
	Last three digits of card security number on back of card _____
	Cardholder's address if different from above: _____

	Cardholder's signature: _____

If in India, please return this form by post or e-mail to:

Dr G V Krishnaveni, Holdsworth memorial Hospital, PO Box no. 38, Mandi Mohalla, Mysore 570021, India.
 Tel: (0091) (0)821 2529347 Fax: (0091) (0)821 2565607 Email: kittyveni@hotmail.com

If outside India, please return this form by post, fax or e-mail to:

Jane Pearce, DOHaD Society Secretariat,
 MRC Epidemiology Resource Centre, Southampton General Hospital, Southampton SO16 6YD, UK
 Tel: (0044) (0)23 8077 7624 Fax: (0044) (0)23 8070 4021 Email: dohad@mrc.soton.ac.uk

Cancellations must be received in writing 14 working days prior to the meeting and will be refunded less a 15% processing charge. After this date we regret no refunds will be given. Substitutions may be made at any time without charge.