



International Conference on Academic Libraries (ICAL-2009) 5th to 8th October 2009

C/o University Librarian, Central Library, North Campus, Delhi 11 00 07
Phone: Telefax : 011 27666034; Mobile: 9811287864 (Web Site : <http://library.du.ac.in/ocs>)

Venue: Conference Centre, North Campus, University of Delhi, Delhi 11 00 07

REGISTRATION FORM

Title Prof. Dr. Mr. Ms.

Last Name _____

First Name _____

Designation _____

Department _____

Organisation _____

Address _____

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Payment Details

I enclose a cash/demand draft/local Cheque no. _____ dated _____ issued by _____ Bank for an amount of Rs. / \$ _____ in favour of Registrar, University of Delhi payable at Delhi India

For Overseas Participants:

Passport No _____

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The International participants for ICAL-2009 are required to use Swift Account No. SBININBB544 of State Bank of India, branch code 1067 of Delhi University with a specific A/C no. 10851299052.

The participants who would like to remit the fee by using the credit card are required to contact Organising Secretary ICAL-2009 on ical2009.os@gmail.com, so that necessary arrangement could be made.

- Please indicate here the category* of Registration-----

Signature _____

Date _____

NOTE: Please ensure to send the scanned copy of this registration form by email to: ical2009.os@gmail.com

REGISTRATION FEE

Registration Category*	Indian (INR)	International (USD)
Participation in Pre-Conference Tutorial (All Categories of Participants)	1500.00	150.00

- Registration Fee is Non-Refundable
- Registration Fee Does Not Include Accommodation;
- Registration will be Confirmed only if the Form is duly filled and payment is received in full

Please return the completed form to: Dr. S. Majumdar

Organising Secretary, ICAL-2009 C/o Central Library North Campus University of Delhi Delhi (11 00 07), India e-mail: ical2009.os@gmail.com