



# INDIAN HERBAL CONFERENCE-2010

13th & 14th, February - 2010

' Ammu Swaminathan Auditorium '  
Asan Memorial Higher Secondary School, Chennai

Organised by



CHOLAYIL  
Cholayil Ayurvedic Health  
and Research Academy

Sponsored by  
CHOLAYIL GROUP OF COMPANIES

## REGISTRATION FORM

Name : .....

Gender  Male  Female

Address : .....

City : ..... Email.....

Phone : ..... State.....

Mobile : ..... Pincode

Fax : ..... Country.....

Qualification : .....

Designations : .....

Institution : .....

Program :  Only workshop  2 Days Conference  
 2 Days Conference + Workshop

Presentations : Paper:  Yes  No Poster:  Yes  No  
Both:  Yes  No

### Particulars of DD

DD Amt:..... Drawee Bank:.....

DD Number :..... Branch:.....

Date:.....

The payment should be made by demand draft, drawn in favour of " **Cholayil Ayurvedic Health & Research Academy** ", payable at Chennai.

Address for Communication

### CHOLAYIL PHARAMA DIVISION

No: 28, Medimix Avenue, Kalaivanar Colony,

Padi Pudhu Nagar, Chennai - 600 101. Phone : 044-26563892

Email: pharma@cholayil.com

Signature of the Applicant

### FOR OFFICE USE ONLY

Registration No.

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