

**Information of a Person authorized to submit this application on behalf of the above named
INDIVIDUAL / ORGANIZATION**

Nationality: FOREIGN* INDIAN**

Title: MR. MS. DR. PROF.

Name: _____
(First or Given name) (Middle initial) (Last or Family name)

Organization Affiliation: _____ Official Designation: _____

Address: _____

City: _____ Zip / Pin: _____ Country: _____

Phone: _____ (+ (Country code) – (Local area code) – Phone number)

Mobile: _____ (+ (Country code) – Mobile phone number)

Official Email ID: _____ Personal E-mail ID: _____

Authorized Person's Signature: _____ Date: ____ / ____ / 2008 (MM/DD/2008)

PAYMENT METHOD:

Payments should be made either by the Bank Demand Draft or by the Wire Transfer in favor of
" **MRSI-SAMPADA-2008** " payable at Pune, India to the:

Conference's Indian Bank: CANARA BANK
(Panchawati Pashan Branch. Branch Phone: + (91) – (20) - 2588 6260)

Bank Address: Madhukunj Co-Op Housing Society, Panchawati, Pashan, Pune-411008 INDIA

Account Number: 2811SB1947

SWIFT Code: CNRBINBBPFD8900033320

Total Amount Calculated: *US \$ _____ Or **Indian Rs. _____

PAYMENT MADE:

Total Amount Paid in *US Dollars OR **Indian Rupees : _____

Bank Demand Draft No.: _____ Date: ____ / ____ / 2008 (MM/DD/2008)

Kindly write Payee's Name, contact Phone number and the Name of the conference (SAMPADA-2008, Pune INDIA)
on the back side of bank demands draft.

Wire Transfer No.: _____ Date: ____ / ____ / 2008 (MM/DD/2008)

Issuing Bank & Branch Name: _____

Branch Location City: _____, Country: _____

Corresponding Indian (Recipient) Bank & Branch Name: _____

Indian Bank Location City: _____, INDIA

Signature: _____ Date: ____ / ____ / 2008 (MM/DD/2008)

Terms & Conditions:

- Payments should be made in favor of "**MRSI-SAMPADA-2008**" payable at Pune, India.
- **Credit Card as well as On-line Payment method is not available.**
- **REGISTRATION FEE** will cover full participation in Symposium. It will also cover Symposium material, free tea/coffee and lunches, and an admission to the Gala Dinner Program.
- ***Registration Fee** for the **FOREIGN Delegate and Student (including** Non-Resident Indian (NRI) as well as Overseas Citizen of India (OCI) and Person of Indian Origin (PIO) card holders), and **Individual, Corporation, Government Organization, Research Institute and Academic Organization** has to be **paid in full** by the **Bank Demand Draft or Wire Transfer** (in **US Dollar only**) from their foreign bank payable through the bank's local '**Corresponding Bank**' in India.
 - **Personal bank cheque in any foreign currency will not be accepted.**
- ****Registration Fee** for the **INDIAN (Citizen) Delegate and Student (excluding** Non-Resident Indian (NRI) as well as Overseas Citizen of India (OCI) and Person of Indian Origin (PIO) card holders), and **Individual, Corporation, Government Organization, Research Institute and Academic Organization** has to be **paid in full** by the **Bank Demand Draft or Wire Transfer in Indian Rupee only.**
 - **Personal bank cheque in Indian Rupee will not be accepted.**
- *** An '**Accompanying Person**' can be either a **Spouse**, or **Child**, or an **Associate** of the **Delegate/Student**.
 - An Accompanying Person **can attend** the symposium as a **spectator** only. An Accompanying Person **will not be allowed** to present any Technical paper(s) (Oral and/or Poster presentation). An Accompanying Person **will be allowed to attend the Gala Dinner Program**.
 - The payment method for the Accompanying Person's Registration Fee is the same as those for the Foreign and Indian Delegates and Students.

Cancellation Policy:

Last date of Cancellation of all **Registration** for SAMPADA-2008 events **without penalty of 50% of the Fee** is **October 31st, 2008**. Only the **50% of Fee will be refunded** for the cancellation made from **November 1st, 2008**, until **November 30th, 2008**. **No refund will be issued** for cancellation made from **December 1st, 2008** onward.

Liability Disclaimer:

The Organizers of SAMPADA-2008 shall not be held responsible for personal accidents, illness, losses or damage to private property of registered delegates/organizations. Delegates/Organizations are advised to arrange for their personal insurance for the duration of the conference and personal travel itinerary and tours.

Whilst every attempt will be made to ensure that all aspects of the conference mentioned in this announcement will take place as scheduled, the Organizing Committees reserves the right to make last minute changes or cancellation should the need arise without prior notice.

IMPORTANT NOTE:

Please **Mail/Airmail** fully filled and signed **REGISTRATION FORM**, and **Bank Demand Draft** (if applicable) by the **Registered Mail** (with the Return Receipt requested) from your local Post Office to:

Attn.: **Dr. Suresh. W. GOSAVI**

The Convener
SAMPADA-2008 Conference
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INDIA

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For information or clarification, please contact your region's contact person:

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