



5th
Asia-Oceania
 Conference
 on
Obesity

6th to 8th
 February 2009

Personal Details

Serial No. (for office use only)

Family Name: Title: (Prof/Dr/Mr/Mrs/Ms)

First Name:

Hospital/Institution:

Address for Correspondence:

Address:

.....

City: Post/Zip Code: Country:

Telephone: Cell: Fax:

Email:

Details to display your name on registration batch:

Title Surname..... Name..... Middle Name.....

Country

Registration Fees (Please refer to the Provisional Programme and Call for Abstract)

Registration fee	INR
Obesity Certificate Course	INR
Metabolic Surgery Master Class	INR

Accompanying Person(s)

	Family Name	First Name	Total
Accompanying Person 1			INR
Accompanying Person 2			INR

Page Total

INR
