

## DERMACON 2009



Accommodation possible via [www.conferenceindia.org](http://www.conferenceindia.org)

Or send it to:

**Hotel Accommodation Booking Agent**

**Neumech Events**

51, Mandakini Enclave, Greater Kailash-II

New Delhi-110019, India

Tel.: +91-11-26275066, 65698950

Mob.: +91 97172 98175

Fax: +91-11-26274349

Email: [neumech@nda.vsnl.net.in](mailto:neumech@nda.vsnl.net.in)

Delegate Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_ Country \_\_\_\_\_

Tel. Office \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Preference 1 (Hotel Name) \_\_\_\_\_ Preference 2 (Hotel Name) \_\_\_\_\_

Number of Rooms \_\_\_\_\_ Number of Persons \_\_\_\_\_

Occupancy (Tick as applicable) \_\_\_\_\_ Single \_\_\_\_\_ Double \_\_\_\_\_

Date of Check In \_\_\_\_\_ Date of Check Out \_\_\_\_\_

Total No. of nights \_\_\_\_\_

**Arrival Details**

Date of Arrival \_\_\_\_\_ Flight No. \_\_\_\_\_ Time of Arrival \_\_\_\_\_ Arriving from \_\_\_\_\_

**Departure Details**

Date of Departure \_\_\_\_\_ Flight No. \_\_\_\_\_ Time of departure \_\_\_\_\_ leaving for \_\_\_\_\_

**Payment Details** (Tick as applicable)

**Cheque/DD** payable at par in New Delhi in favour of "Neumech Events"

Cheque / Demand Draft No. \_\_\_\_\_ Dated \_\_\_\_\_

Bank Name \_\_\_\_\_ Amount \_\_\_\_\_

To make payment by Credit Card / Swift Transfer Please visit [www.conferenceindia.org](http://www.conferenceindia.org)

\*Refer Conference Brochure for Hotel details & tariff

\_\_\_\_\_  
Delegate's Signature