

2nd International Symposium on
Pomegranate and Minor
including Mediterranean Fruits
June 23rd to 27, 2009

To,

From:

Organising Secretary,
Department of Horticulture, College of Agriculture,
University of Agricultural Sciences,
Krishinagar, Dharwad-580 005,
Karnataka State,
Tel: 91-836-2748444, Fax: 91-836-2448349,

2nd International Symposium on
**Pomegranate and Minor
including Mediterranean Fruits
(ISPMMF-2009)**
June 23rd to 27, 2009

Registration

(Form to be filled and sent along with demand draft)

Full Name : _____

Designation : _____

Organization : _____

Address for correspondence : _____

Telephone : _____ Fax : _____

Mobile : _____ E-mail : _____

Technical Session of Interest : _____

Details of accompanying persons : _____

Member of ISHS : Yes / No If yes, membership No.

I am interested to participate / present Oral / Poster paper :

Title of the paper _____

I am sending Registration fee of Rs. _____ / US\$ _____ through

Demand Draft No. _____ Dated : _____ drawn in favour of **Org. & Co. Org. Secretary, ISPMMF-2009**

payable at State Bank of India, UAS Campus Branch, Krishinagar, Dharwad-580 005, Karnataka, India.

Date :

Place :

Signature

Note :

1. The form can be photo copied / typed / downloaded from web site <http://www.uasd.edu/pomegranatesymposium>
2. Registration fee should be paid through Demand Draft payable to **Organizing and Co-Organizing Secretary, ISPMMF-2009 S.B. A/c. No. 30431795527, State Bank of India, UAS, Dharwad** and sent to **Dr. A.N. Mokashi, Department of Horticulture, College of Agriculture, Dharwad-580 005, Karnataka, India** on or before 30th May 2009

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