

KARNATAKA NEUROSCIENCES ACADEMY
APPLICATION FORM FOR INVITING ANNUAL CONFERENCE



1. Name of the Local Neurosciences Association / Society
Inviting the conference
2. Proposed Organizing Secretary and his Address
(with Pin Code, Telephone & Fax Nos).....
3. Present Office Bearers of the Local Neurosciences Association / Society
4. Institution / Place where the conference is to be held
(With full postal address).....
5. Accommodation Tariff
6. Space available for
 - a. Posters / Exhibits
 - b. Exhibition Stalls

7. Proposed registration fee

Category	Early bird	Regular	Spot
KNA Member	2000	2500	3000
PG Student	1500	2000	2500
Accompanying person	1000	1000	1000
Non Member	2500	3000	3500

8. Any special information

9. Declaration :

WE will host the midterm Executive Committee Meeting in August and provide travel expenses and local hospitality to all the member of Executive Committee. We agree that all financial transactions of the conference will be through one bank account and we shall give an audited account of the entire financial aspects of the conference within four months of completion of the conference.

I / WE hereby declare that I / We will provide local hospitality and complimentary registration to all members of the KNA, Orators, and Guest Speakers who are not members of the KNA.

Date:

Signature:

Name and Address.....

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**Kindly fill the application form and send it as email to
Dr Guruprasad H, Hon Secretary , KNA
secretary@kna.org.in & guruhosurkar@gmail.com
www.kna.org.in**