**National Seminar**

**on**

**Strengthening of Seed System in the North Eastern**

**andUnreached Regions – Problem, Prospectus and Policies**

**February 2-4. 2019**

**Imphal, Manipur**

**REGISTRATION FORM**

**Delegates’ Category**: Chair/Co-Chair/Rapporteur/Participant/ Sponsor

**1**.Name (Ms./Mr./Dr.): ..............................................................................................................................

**2**.Designation: ...........................................................................................................................................

**3.**Organization (With full address): ..........................................................................................................

................................................................................................................................................................

**4.**Telephone: ....................................................................Fax: …………………………………………..

Mobile: ............................................................... E-mail: ...........................................................

**5**.Purpose of attending the seminar

Paper Presentation: Yes/ No

Poster Presentation: Yes/ No

Participation: Yes/ No

1. Date of arrival: ....................................................................................................................................
2. Expected time of arrival: ....................................................................................................................
3. Number and names of accompanying person (s): …………………………………………………..
4. Flight No. / by Road: ..........................................................................................................................
5. Date of departure: ...............................................................................................................................
6. Expected time of departure: ................................................................................................................
7. Mode of departure: .............................................................................................................................
8. Flight No./ by Road:..........................................................................................................................

**6**.Request for accommodation \*\*

Single bedded accommodation: Hotel

Double Bedded accommodation: Hotel (Shared Occupancy)

Double Bedded accommodation: Guest House (Limited no.)

**7**.Details of registration fee paid or spot payment: Cash or PO/DD (in favour of Organizing Secretary, Imphal Chapter, payable at Imphal) or NEFT dated………………………………………………… DD/UTR No.: …………………………………………………………

**Signature**

Note: **1.** Boarding and lodging charges will be charged as per the accommodation provided.

\* Single bedded accommodation **@ Rs. 2500 - 4000/- per day**

\*\* Double bedded Shared accommodation **@ Rs. 3500 - 5000/- per day**

\*\*\* Accommodation in Guest House on first-come first-serve basis.

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