

**MY CHILD IS OLDER… I AM OLDER... WHAT NOW?
29 April 2016
REGISTRATION FORM**

*Please use BLOCK LETTERS. Keep a photocopy for your records*

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| **Personal Information** |
| **Name:**  |  |
| **Residential Address:** |   |
|  |  Pin Code |
| **Contact Number:** |  | **Email:** |  |
|  |  |  |  |
| **Organization Name:**  |  |
| **Designation:** |  |
| **Business Address:** |  |
|  |  Pin Code |
| **Contact Number:** |  | **Email:** |  |

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| **Payment Details**  |
| **Payment Mode:**  | ❑Cash ❑Online Transfer ❑ Demand Draft *(in favour of Action for Autism, payable at New Delhi)*  |
| **Transaction / DD No:** |  | **Dated:** |  |
| **Drawn On Bank:** |  |  |  |
| **Total Amount:**  | Rupees  |  |  |
|  |  |  |  |
| **Registration Fee:** ❑ INR 1000  | **Spot Registration:** ❑ INR 1500  |
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| **Terms & Conditions** |

**I/ We understand that**

* The workshop registration fee includes reading material, lunch and refreshments.
* Payments may be made online, in cash or via demand draft drawn in favor of “Action for Autism” payable at New Delhi.

Online Transfer Details:

*Beneficiary: Action For Autism Bank: Vijaya Bank, Defence Colony, New Delhi, India*

 *SWIFT No: VIJBINBBDCD IFSC Code: VIJB0006005 MICR code: 110029007*

*Savings A/C No: Within India Transactions: 600501010009008 Oversees Registrations: 600501550010210*

* Cheques or credit cards will not be accepted.
* In the event of cancellation, it will not be possible to refund or adjust fee against other services at AFA.
* Incomplete forms or registration forms not accompanied with the registration fees will not be processed.
* Completed form with payment may be delivered to: *Trainings Coordinator, Action for Autism, The National Centre for Autism, Pocket 7 & 8, Jasola Vihar, New Delhi 110 025*

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|  | **Signature** |