

**WORKSHOP ON BIOMEDICAL OPTICS AND RELATED TOPICS**

*23 – 25 February 2004*

**S. N. BOSE NATIONAL CENTRE FOR BASIC SCIENCES**

**Block JD, Sector III, Salt Lake, Kolkata – 700098**

**Registration Form**

NAME: .....

AFFILIATION: .....

ADDRESS: .....

.....

TELEPHONE: .....

EMAIL: .....

POSTER PRESENTATION: Yes/No (if yes, please send abstract by 10.2.04)

ACCOMODATION: REQUIRED / NOT REQUIRED

DATE AND TIME OF ARRIVAL: .....

DATE AND TIME OF DEPARTURE: .....

MEAL: Veg / Non-Veg

.....

Signature with date

**Mailing Address:**

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