



**“Be the Difference: Equality and Equity in Education”**

## 1<sup>st</sup> International Conference on Education

*Organized by*

**Department of Special Education, SNDT Women's University, Juhu Campus**

### REGISTRATION FORM

#### Participant Details:

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Email ID: \_\_\_\_\_ Phone: \_\_\_\_\_

**I will be attending:** (Please tick the relevant option)

\_\_\_\_\_ Only the 2 days of the Symposium,

\_\_\_\_\_ All four days of the Symposium and the International conference

\_\_\_\_\_ Only the 2 days of the International conference

**Mode of Payment:** (Please tick the relevant option)

\_\_\_\_\_ Cash \_\_\_\_\_ Cheque \_\_\_\_\_ DD \_\_\_\_\_ NEFT

**Registration Fees** (includes Breakfast, Lunch and Conference Kit):

**Indian Delegates**

**International Conference:**

Students / Research scholars: 5500/- , \*Early Bird: 4500/-

Professionals: 6000/-, \*Early Bird: 5000/-

**Symposium:**

Students / Research scholars / Professionals: 4000/-, \*Early Bird: 3500/-

**International Delegates:**

Students / Research scholars / Professionals: \$200/-, \*Early Bird: \$175/-

**\*Early Bird ends on December 8, 2018**

Total Number Of Days Being Attended	Total Amount Paid	Early Bird Discount Being Availed	Date Of Payment	Cheque No./ DD No. and Date/ NEFT transaction no., Name of transferee, Name of the bank
		Yes		
		No		

\* DD should be made in the name of '**Department of Special Education**'

**NEFT details: A/c No.** 4634101000454; **IFSC:** CNRB0004634

Address: Department of Special Education, SNTD Juhu Branch, Juhu Mumbai Maharashtra – 400049.

**Interested participants are requested to send in their duly filled forms along with the fees to the Department of Special Education latest by December 28, 2018.**

**For further details**

**Call:** 022-26611506 (Office), 022-26602307, Mb. 9820167470

**Email:** [ice.2019sntd@gmail.com](mailto:ice.2019sntd@gmail.com)

**Participant Sign & Date** \_\_\_\_\_

**Department of Special Education, SNTD Women's University, Juhu Campus**  
**Email: ice.2019sntd@gmail.com, Mb. 9820167470, Ph. 26602307**