

REGISTRATION FORM

Workshop on Cognitive Behaviour therapy in Sexual Dysfunctions

Department of Clinical Psychology
National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore-29
11th and 12th April, 2019

Title ((v mark): Prof. Dr. Mr. Mrs. Ms.

Name (in capital letters):

Educational qualification:

Profession:

Designation:

Complete postal address with pin code:

Phone number:

Email:

Bank transfer details:

Please indicate if you need accommodation: Yes/No

If yes, give the date of arrival, number of days for which accommodation is required:
(Accommodation charges are separate: Rs.300/person/day on a twin sharing basis or
Rs.600/person/day for a single room. Accommodation charges have to be paid at the venue)

Signature of the participant

Registration form along with the Bank transfer details has to be sent to

Dr. M. Manjula,

Associate Professor,

Department of Clinical Psychology, NIMHANS, Bangalore-560 029.

Phone: 080-26995177/ 26995180

Email: sdworkshop2011@gmail.com