**Kerala Association of Professional Social Workers (KAPS)**

**2nd Kerala Social Work Practitioners’ Congress 19-20 Aug 2017 (KSWC 2017)**

**In collaboration with INSPWA and ASSK at PSSP & Town Hall Palakkad.**

 **REGISTRATION FORM FOR KSWC 2017 PARTICIPATION**

|  |  |
| --- | --- |
| **Name**  |  |
| **Sex** | Male  |  | Female |  |
| **Institution** |  |
| **Address** |  |
|  |  |
|  |  |
|  |  |
| **Ph./Mob** |  |
| **Email id** |  |
| **Food Preference** | Veg. |  | Non Veg. |  |
| **Additional details for group registration from institutions:**(Details of contact person for group registration may be furnished in the above columns)All the names of members in the group are to be attached as a separate list.  |
| **No.of people attending:****(for institutions)** | Teachers: |   | FoodPreference | Veg |  | N.V |  |
| Sex | Male(Total number) |  | Female (Total number) |  |
| **Experience sharing Presentations** | **Title:** |
|  |
| **Fees:** The conference fee for Indian Delegates is Rs.400 and Rs.250 only for second day., (Partial sponsorship can be arranged for general delegates on request). Please see concept note for details. Communicate with organizers in case of additional accommodation needs.  |
| Payment:  | D/D Details: | D/D No. dt.Bank Details: |
| I pay cash on arrival |  | Other means: |
| Signature:Date:Place: |  |