



REGISTRATION FORM
International Conference
on
“Managing Human Resources at the Workplace”
14-15 December 2012
SDM Institute for Management Development (SDM IMD)

1. Full Name and affiliation (in capital letters)

1st Author

Designation and Affiliation.....

2nd Author (if any).....

Designation and Affiliation.....

3rd Author (if any).....

Designation and Affiliation.....

2. Address for Corresponding author.....

.....

.....

Phone No..... Fax No.....

E-mail (corresponding author):

4. Whether or not presenting Paper in the conference: Yes/No

5. Title of the Paper.....

.....

.....

6. Details of Demand Draft-Amount.....No.....Dated..... Drawn in favour of **The Director, SDM Institute for Management Development payable at Mysore**

.....

(Signature of the participant / Author)

Please inform us:

1. I would like to attend the conference: Yes / No
2. I need the assistance to get accommodation: Yes / No

Note : This form can be photocopied for the use of other willing participants.