



INTERNATIONAL CONGRESS OF SPORTS PSYCHOLOGY (ICSP-2015)

on

28th November, 2015

Workshop Registration Form

1. Name of the Delegate : _____
2. Designation : _____
3. Affiliation/Organization : _____
4. Country/State : _____
5. Telephone / Mobile No. : _____
6. Email : _____
7. Passport No. : _____
(In case of Foreign Delegates)
8. Payment Details : D. D. No. _____ Date of issue: _____
Amount _____ Bank/ Branch _____
9. Date of Arrival: _____ Date of Departure: _____

Date:
Place:

Signature of Delegate

Note :

- * Xerox copy or downloaded copy of registration form can be used.
- ** For further details please contact icsp2015.bhu@gmail.com