



Indian Association for Family Therapy

website: www.iaft.org.in

Registration Form BASIC ORIENTATION COURSE - 2007

Name:

Address:

Phone No.:

Email:

Educational Qualifications:

Occupation/ present nature of work:

Detail of any other Course attended on Family Therapy:

Applying as: Life member Annual member Student Non-member

Amount: Student **Rs.500** IAFT member **Rs.700** Non-member **Rs.1000**

Payment details Cheque Cash

(Chq. No. _____ Bank _____ Date _____)

(Cheque to be made in the name of **Indian Association for Family Therapy a/c SB 71533**)

(Cheque Receipt is subject to clearance & will delivered at the Course venue)

Signature of Applicant

Dates of course 15 & 16 Feb. 2007

Time 15 Feb (2 – 6pm) & 16 Feb (9am – 6pm)

Venue Rajkumari Amrit Kaur Child Study Centre, Lady Irwin College

Facilitators Dr Vimala Lal, and Dr Renu Malaviya

Contact persons Ms Rashmi Sood (Course Coordinator)
email: rashmisood@yahoo.com (M): 98102-20316

Fee payment Dr Indu Kaura (Secretary)
Mail / Courier to: Wellington Cottage, Lady Irwin College,
Sikandra Road, New Delhi 110-001 (M):9810402030
email: indu_kaura@yahoo.com