

**REGISTRATION FORM**  
**Father Muller College Of Speech and Hearing**  
**(A Unit of Father Muller Charitable Institutions)**  
**Kankanady, Mangalore-575 002**

**Workshop on**  
**“AAC – Communication made better”**

7<sup>th</sup> September -2011

**Name:** \_\_\_\_\_  
**(Full Name in Block Letters)**

**Age:** \_\_\_\_\_ **Gender:**  Male  Female

**Designation:**  
 Professional  
 Student

\*Students should enclose permission letter signed by Head of the Department

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mobile No:** \_\_\_\_\_ **Email ID:** \_\_\_\_\_

**Demand Draft No:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Bank & Branch:** \_\_\_\_\_

Note: DD should be drawn in favour of “Father Muller College” payable at Mangalore

A/C no: 02392160000117

**Signature:** \_\_\_\_\_

**Registration Fee**

| <b>DATE</b>       | <b>PROFESSIONAL</b> | <b>STUDENT</b> |
|-------------------|---------------------|----------------|
| Before 30-08-2011 | Rs 300/-            | Rs 200/-       |
| Spot registration | Rs 400/-            | Rs 300/-       |

**Note:** This form can be photocopied and used for multiple registrations.

**Send To: Father Muller College Of Speech and Hearing**  
**Kankanady, Mangalore-575 002, Karnataka**  
**Tel No :( 0824)-2238295 2238296 984811646 9741968193**  
**Email ID: aslpmuller@gmail.com**  
**Website: www.fathermuller.com**