

## REGISTRATION FORM

Workshop on Cognitive Behaviour Therapy in Sexual Dysfunctions  
Behavioural Medicine Unit  
Department of Mental Health and Social Psychology  
National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore-29  
**25<sup>th</sup> & 26<sup>th</sup> September 2009**

Title (Prof. / Dr. / Mr. / Mrs./Ms.)

Name:

Educational qualification:

Designation:

Mailing address with pin code (Official and Residential):

City:

State/Country:

Phone number (Landline/mobile):

Fax:

Email:

Details of the DD (Number, Amount, Bank and date)

Signature of the participant

**Registration form along with the Bank Draft has to be sent to**

Dr. M. Manjula,

Assistant Professor,

Department of Mental Health and Social Psychology, NIMHANS, Bangalore-560 029.

Phone: 080-26995177/ 26995180/26995182

Email: manjula\_m\_99@yahoo.com

**\*The accommodation and transportation has to be arranged by the participants themselves**