



6. Meal preference (Chicken/ Fish/ Egg/ Vegetable/ Special requirements - please specify):

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7. Do you have any special requirements or health conditions (please specify)?

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8. Emergency contact details:

Name of contact person: .....

Phone (mobile): ..... E-mail: .....

9. Payment of Registration Fee (Foreign participants USD 720/-):

*Please deposit foreign currency to the PGIS A/C No. 2233593 at Bank of Ceylon, Peradeniya, Sri Lanka  
If the deposit is made outside Sri Lanka, please use the **SWIFT CODE: BCEYLKLX**.*

(Please attach a scanned copy of the Bank Slip with the applicant's name)

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*Date of Deposit:*

Signature of the Applicant: .....

Date: .....

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*Please submit the **completed registration form** with the **full payment** on or before **15<sup>th</sup> April 2020** to Assistant Registrar/PGIS (email: [ar@pgis.lk](mailto:ar@pgis.lk), Fax 08 389026).*