

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

.....

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

.....

.....

8. Emergency contact details:

Name of contact person:

Phone (mobile): E-mail:

9. Payment of Registration Fee (Foreign participants USD 300/-):

*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)

.....

Date of Deposit:

Signature of the Applicant:

Date:

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