



REGISTRATION FORM

Membership No.: MCI Registration No.: State of Regn.:

Registration No: Receipt No: (Office Use Only)

PERSONAL DETAILS: Dr. Prof. Mrs. Mr.

First Name:

Last Name:

Gender: M/F Designation: _____ Institution: _____

Address: _____

City: _____ State: _____ Country: _____ Pin: _____

Telephone: _____ Mobile: _____ E-Mail: _____

Accompanying person name: 1. _____ 2. _____ 3. _____



REGISTRATION FEE:

Category & Last Date	Till December 31,2018	Till January 10,2019	Spot Registration
Member	7,000 INR	8,000 INR	9,000 INR
Non Member	8,000 INR	9,000 INR	10,000 INR
Students	3,000 INR	4,000 INR	5,000 INR
Accompanying Person	5,000 INR	6,000 INR	7,000 INR
Corporate Delegates	10,000 INR	11,000 INR	12,000 INR

PAYMENT METHODS:

- All Cheque / DD drawn in favor of "Cardiabcon Society" payable at Varanasi and send it to conference secretariat.
- Transfer the registration fee using following Bank Details:

Account Name - Cardiabcon Society
Bank Name - Bank of Baroda
A/C NO - 27790-200000-437
Branch Name - IMS, BHU, Varanasi
IFSC Code: BARB0BHUVAR

Conference Secretariat:
 Dr. Ashutosh Mishra
 B 34/131 K-8-C, Gayatri Nagar,
 Shukulpura, Varanasi
 PIN-221010

CANCELLATION & REFUNDS:

- Before **31st December 25%** of fee, After **10th January** No refunds. refunds shall be paid within 30 Days of completion of conference
- For spot Registration** Conference kit is subject to availability. Mobile Number and Email ID are mandatory. For verification please carry a photo ID