

Registration Form

Surname: First Name : (Mr./Ms.)

Postal Address:

City Pin Code: State:

e-mail :

Tel. (with area code): Residence: Office:

(MANDATORY) Mobile: Fax:

Accompanying Person Name 1:

Accompanying Person Name 2:

Residential Registration includes :

- Accommodation on Twin Sharing Basis from 7th January 2017 • 2.00 pm to 8th January 2017 • 12.00 noon
- Lunch and Dinner on 7th January 2017 and Breakfast and Lunch on 8th January 2017.
- Conference Kit.

Residential Registration Fees :

Category	1st November to 15th December 2016	From 16th December 2016 subject to availability
Delegate	<input type="checkbox"/> ₹ 8000/-	<input type="checkbox"/> ₹ 10000/-
Accompanying Person	<input type="checkbox"/> ₹ 10000/-	<input type="checkbox"/> ₹ 15000/-

Non-Residential Registration Fees :

Category	1st November to 15th December 2016	From 16th December 2016 subject to availability
Delegate	<input type="checkbox"/> ₹ 4000/-	<input type="checkbox"/> ₹ 5000/-
Accompanying Person	<input type="checkbox"/> ₹ 5000/-	<input type="checkbox"/> ₹ 7000/-
PG Students	<input type="checkbox"/> ₹ 3000/-	<input type="checkbox"/> ₹ 4000/-

Mode of Payment: Cheque/DD No. Dated

drawn on

in favour of 'Academy of Cardiology A/c Conference' payable at Mumbai

Refund Policy : No refunds.

Please send duly filled Registration Form to address given on reverse side of this form.

Signature

PLEASE SEND DULY FILLED REGISTRATION FORM TO:

SECRETARIAT

Dr. S.B. Gupta

Organising Secretary, AOC 2017

Cell : +91-9821364565 • +91-7506841380 • drsbgupta@gmail.com

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