

# REGISTRATION FORM

Delegate Details : Dr. \_\_\_\_\_ Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Institution / Hospital \_\_\_\_\_ Department \_\_\_\_\_

Designation \_\_\_\_\_ Degree \_\_\_\_\_ Nationality \_\_\_\_\_

Name to appear on the Badge \_\_\_\_\_

ASI Member YES  NO  ASI Membership No. \_\_\_\_\_ PG Student \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Pincode \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Phone : Std Code \_\_\_\_\_ No. \_\_\_\_\_ Mobile (Mandatory) \_\_\_\_\_

Email (Mandatory) \_\_\_\_\_

## Accompanying Details :

Title : Full Name \_\_\_\_\_ Age \_\_\_\_\_

Title : Full Name \_\_\_\_\_ Age \_\_\_\_\_

Title : Full Name \_\_\_\_\_ Age \_\_\_\_\_

Choice of Food : Vegetarian  Non Vegetarian

## CONFERENCE DELEGATE REGISTRATION FEES

Delegates	Upto 15-01-2017	After 15-01-2017	Spot
ASI Member	4000	4500	5000
Non ASI Member	4500	5000	5500
Accom. Persons	3000	3500	4000
PG's	3500	3500	4000
R. C. Members	7500	7500	7500

\*PG Students should furnish bonafide certificate / letter duly signed by the Head of the Department on University or College letter Head.

Amount Paid : Rs. \_\_\_\_\_ Mode of Payment : Cash / Card / DD/ Cheque / Online

(Tick appropriate as applicable) If online submission also send the payment details to

email : zapmanojtogale@gmail.com along with your email & Mobile No. and also send a hard copy of the same to conference secretariat (address given at the back)

DD / Bank Transfer Transaction No. : \_\_\_\_\_ Drawn on \_\_\_\_\_

(DD / Cheques should be in favour of KSCASICON 2017, payable at Belagavi)

(Add 50/- Extra for out station Cheque.)

Signature \_\_\_\_\_

**Registration Fee includes :**

Entry to workshop Inaugural Ceremony, all Conference Sessions & Trade Exhibitions

Lunch on all conference days, Inaugural Dinner, Banquet

Conference Kit (for Spot Registration - subject to availability)

Conference Badge

**Bank Details for Payment through NEFT / RTGS**

Bank Name : Syndicate Bank

Branch Address : JNMC, Nehru Nagar, Belagavi.

A/c Name : KSC ASICON 2017

Current A/c No. : 05042010134449

MICR Number : 590025005

IFSC Code : SYNB0000504

Contact No. : 9844706266 ( Dr. Togale) 9964194939 (Dr. Hombal)

**Registration Guidelines :**

- Accompanying Persons and children are not allowed inside the scientific session.
- Children above 5 years of age have to be registered as accompanying persons.
- Organizing committee is not liable in any form in case of change in dates due to unavoidable circumstances.
- Cancellation and refunds are as per the Terms & Conditions.
- Please produce your registration no. / Confirmation letter / payment receipt at the registration counter.
- Please ensure to wear registration badge (bar-coded) throughout the conference.

**Conference Secretariat**

Dr. Manoj D. Togale-Organising Secretary - KSC - ASICON 2017,

Department of General Surgery, J. N. Medical College, Nehru Nagar, Belagavi-590010

Mob : No. 9844706266, 9964194939 (Dr. Hombal)

**Website : [www.kscasicon2017belagavi.in](http://www.kscasicon2017belagavi.in)**

**Email : [zapmanojtogale@gmail.com](mailto:zapmanojtogale@gmail.com)**