

Registration Form

(Please use Capital Letters only)

Title (Mr/Mrs/Ms/Dr/Prof)

First Name Last Name

Institution

Designation

Mailing Address

City Pin Code Country

Mobile No. E-mail

Workshop Fee

Workshop Name	Date	Venue	Registration Charge
Acute Neuro Care	13-14th February 2019	Artemis Hospital, Gurugram	Rs. 2000+360 (GST@18%) Rs. 2360
Neurosimulation	14th February 2019	Medanta - The Medicity	Rs. 2000+360 (GST@18%) Rs. 2360
Advance USG	14th February 2019	Medanta - The Medicity	Rs. 2000+360 (GST@18%) Rs. 2360
Mechanical Ventilation	14th February 2019	Fortis Memorial Research Institute	Rs. 2000+360 (GST@18%) Rs. 2360
Neuromonitoring	15th February 2019	Hotel Leela Ambience	Rs. 2000+360 (GST@18%) Rs. 2360
Advance airway	16th February 2019	Hotel Leela Ambience	Rs. 2000+360 (GST@18%) Rs. 2360

• If opting more than one workshop please contact organizing secretary.

Dr. Virendra Jain +91- 9999848485

Email: drvirendrajain@gmail.com

Payment Details:

Mode of Payment - DD / Cheque / Online Registration / NEFT

DD / Cheque Number / Ref. Number Dated

Amount In words

Bank Details All DD & Cheque to be

in favour of "INDIAN SOCIETY OF NEUROANAESTHESIOLOGY AND CRITICAL CARE 2019" payable at **Gurgaon**.

Please send duly filled registration form along with DD / Cheque / Online payment details to Secretariat.

Conference Secretariat

Dr. Virendra Jain, Organizing Secretary

Fortis Memorial Research Institute,

Sector 44, Gurugram, Haryana, India

Mob.: +91 9999848485

Email: isnacc2019@gmail.com, drvirendrajain@gmail.com

Account Details

Account Name : Indian Society of Neuroanaesthesiology and
Critical Care 2019

Account No : 016194600000706

IFSC Code : YESB0000161

Branch : Yes Bank

Address : Sushant Lok - 1, Gurgaon - 122002

Date _____

Signature _____

Conference Manager