



PEDIATRIC CRITICAL CARE NEPHROLOGY & DIALYSIS COURSE

3-4 August, 2019 | New Delhi, NCR

R
E
G
I
S
T
R
A
T
I
O
N
F
O
R
M

Name Gender : M F
(PLEASE FILL IN CAPITAL LETTERS AS TO APPEAR IN THE CERTIFICATE)

Designation : Department* :

Hospital / Institution :

Mailing Address :

City..... Pin Code : State : Country :

*E-mail:.....

* Mobile: * Tel No Res / Off.....

Registration Category:

Type of Fees	Early Bird till 30-Apr-19	Regular Reg. till 30-June-19	1st July Onwards
Physicians, Pediatricians & Nephrologists & SAARC Delegates	INR 3,000	INR 3,500	INR 4,000
International delegate	100\$	150\$	200\$

Registration details	Amount	Payment Details
Conference	: _____	Cheque/DD/NEFT/Cash : _____ Date: _____ Drawn on Bank : _____ Branch : _____ Amount in words : _____
Total	: _____	Date: _____ Signature _____
		Mode of Payment : • At Par Cheque/DD to be drawn in favour of "Alpcord Network Event & Conf. Mgmt. Co. Pvt. Ltd." payable at New Delhi.

Please send the duly filled registration form and DD/Cheque (NEFT/Cash deposit receipt) at the

Mr. Alok Shukla
SUMMIT - Alpcord Network:
 1201, 12th Floor, New Delhi House, 27, Barakhamba Road, New Delhi - 11001
 Phone: +91-11-49104033 / +91-9871522776
 E-mail: conference@alpcord.com

For Office use only : Receipt : _____ Date : _____ Reg No : _____