

**REGISTRATION FORM**

Please Fill in **BLOCK LETTERS**

(\*It is important that you provide an email & mobile number so that future communications can be sent to you via SMS/ e-mail)

**DELEGATE DETAILS**

Title: Prof.  Dr.  Mr.  Ms.  Mrs.  Gender: Male  Female  Age: \_\_\_\_\_

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

Institute/ Hospital: \_\_\_\_\_ Designation: \_\_\_\_\_

Postal Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Pin: \_\_\_\_\_ Country: \_\_\_\_\_ HSI Membership No.:\* \_\_\_\_\_

Phone (Off):\* \_\_\_\_\_ Mobile\*: \_\_\_\_\_ E-mail\*: \_\_\_\_\_

\*Mandatory for Registration

**ACCOMPANYING PERSON DETAILS**

Title: Prof.  Dr.  Mr.  Ms.  Mrs.  Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Veg. \_\_\_\_\_ Non Veg. \_\_\_\_\_

1. Name: \_\_\_\_\_

2. Name: \_\_\_\_\_

**REGISTRATION FEE**

\*PG Student/ Resident should attach a certificate from their Head of Department/ Institution.

\*\*Inclusive of 18% GST.

<input checked="" type="checkbox"/> APPROPRIATE	REGISTRATION FEES IN (₹) INR			<input checked="" type="checkbox"/> APPROPRIATE	REGISTRATION FEES IN (₹) INR	
NON-RESIDENTIAL	EARLY BIRD Till 31 <sup>st</sup> March 2020	REGULAR Till 31 <sup>st</sup> August, 2020	SPOT After 1 <sup>st</sup> September 2020	RESIDENTIAL PACKAGE 2 Nights + Registration (Till 31 <sup>st</sup> March 2020)	REGULAR Till 31 <sup>st</sup> August, 2020	SPOT After 1 <sup>st</sup> September 2020
<input type="checkbox"/> Member	₹ 5500	₹ 7500	₹ 11000	<input type="checkbox"/> Single Occupancy	₹ 25000	₹ 30000
<input type="checkbox"/> Non Member	₹ 6000	₹ 8500	₹ 12000	<input type="checkbox"/> Double Occupancy	₹ 30000	₹ 40000
<input type="checkbox"/> Accompanying Person	₹ 6000	₹ 8500	₹ 12000			
<input type="checkbox"/> Post Graduate	₹ 3500	₹ 4500	₹ 5000			

**PAYMENT DETAILS**

Cheque/ Demand Draft no. \_\_\_\_\_ dated \_\_\_\_\_ of Rs. \_\_\_\_\_ drawn on bank \_\_\_\_\_

in favour of "API Gurgaon" payable at Gurgaon.

A/c Name: API Gurgaon

Bank Name & Branch: Kotak Mahindra Bank, JMD Galleria Sohna Road, Gurgaon

A/c Number: 0412882836

IFSC Code: KKBK0004266

Signature \_\_\_\_\_

**CANCELLATION & REFUND**

- Requests for cancellation for refunds must be made in writing or through e-mail.
- Request must be sent to conference secretariat. E-mail: hsicon2020@gmail.com
- No refund of registration fee will be provided for cancellation request received after 15th August 2020.
- 50% of the registration would be deducted as processing charges and rest will be refunded one month after conference completion.

**CONFERENCE SECRETARIAT:**

Taneja Heart & Medical Centre

113A, Geeta Bhawan Road, New Colony, Gurugram, Haryana 122001

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Web.: hsicon2020.com