



27TH INTERNATIONAL CONFERENCE OF INDIAN ASSOCIATION OF PALLIATIVE CARE

Title Dr___ Prof___ Mr___ Mrs___ Ms_____

Name: First----- Middle----- Last

Registration Category: IACP Member IAPC Non member

IAPC Membership number----- DOB----- Age-----

Address -----

City ----- District ----- State ----- Pin Code-----

Country ----- Phone with STD code----- Mobile -----

Email id-----

Accompanying person:

1 Title.... Name----- Age----- Sex(M/F)-----

2. Title___ Name _____ Age _____ Sex(M/F)_____

3. Title___ Name _____ Age _____ Sex(M/F)_____

Registration fee (please tick the appropriate box)

Type Early Bird (till 31st July 2019) Regular (Till 31st Oct 2019) Regular (Till 31st Dec 2019)

Spot Registration

Type	Early Bird (till 31 st July 2019)	Regular (Till 31 st Oct 2019)	Regular (Till 31 st Dec 2019)	Spot Registration
IAPC Members (Doctors)	Rs 3000	Rs 4000	Rs 4500	Rs 5500
Non IAPC Members (Doctors)	Rs 4500	Rs 5000	Rs 5500	Rs 6500
IAPC Members (Nurses, Volunteers, students, others)	Rs 2500	Rs 3000	Rs 3500	Rs 4500
Non IAPC Members (Nurses, Volunteers, students, others)	Rs 3000	Rs 3500	Rs 4000	Rs 5000
Accompanying person	Rs 2000	Rs 2000	Rs 2000	Rs 2000

Total Amount in Rs _____ Amount in words _____

Mode of Payment Cheque/ DD / NEFT / RTGS No _____ Date _____

Cheque/ DD should be made in favor of "IAPCON 2020" payable at Guwahati

Bank details

Account name IAPCON2020

Account number 50100271235977

Bank name HDFC Bank

Branch Ganeshguri

IFSC code HDFC0004344

Cancellation policy:

Upto November, 30, 2019- 50% refund. No refund will be made after November 30, 2019.

All refunds will be processed after 15days from completion of conference

Date_____

Signature_____