

### DELEGATE REGISTRATION FORM - CONFERENCE

- Please fill in all the details. Kindly type or write legibly in BOLD letters
- Kindly use the enclosed self-addressed envelope to send the completed registration form along with the Demand Draft.

DELEGATE'S FULL NAME: \_\_\_\_\_

MEDICAL COUNCIL REGISTRATION NUMBER (STATE): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

ZIP/PINCODE: \_\_\_\_\_

STATE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

PHONE (RES): \_\_\_\_\_

(CLINIC): \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

MOBILE: \_\_\_\_\_

FOOD PREFERENCE:  Veg  Non-Veg

**Accompanying persons:** (Accompanying persons will be charged 50% of the registration fee which will include lunch & refreshments only. They will not be allowed into the conference hall. Delegate kit will not be provided.)

Name: \_\_\_\_\_ OM  F

Name: \_\_\_\_\_ OM  F

### REGISTRATION DETAILS

Conference Days 1st & 2nd April, 2017	Early Bird Registration Till March 15, 2017		Late Registration From March 16, 2017	
	(INR)	(USD)	(INR)	(USD)
Registration fees	12000	250	14000	300

#### Please Note:

- Conference fee includes Refreshments, Lunch and Delegate kit.
- Delegate kit subject to availability for Spot Registrations.
- Cancellation has to be intimated in writing / mail on or before March 15, 2017.
- Refund of 60% of the amount paid will be given only after 31st April, 2017.
- Any cancellation after 15th March, 2017 will not be eligible for refund.
- Rates mentioned are inclusive of Service tax.
- Registration fees can be paid by **a.** Demand Draft; **b.** NEFT; **c.** Online Portal

### Details for NEFT Transaction

Name of Beneficiary / Account Holder : 3rd ASIA PACIFIC CONFERENCE ON FOETAL THERAPY (APCFT)  
Account Type : Savings Bank Account  
Account Number : 4642500102115301  
Name of Bank : KARNATAKA BANK LTD.,  
Address of Bank : 7/16, "Mahalakshmi Complex", 1st Street, North Gopalapuram,  
Conransmith Road, Chennai - 600 086  
Name of Branch : Cathedral Road Branch, Chennai - 600086  
MICR CODE : 600052006  
IFSC CODE : KARB0000464  
SWIFT CODE : KARBINBBMDS

### Details for Demand Draft Transaction

Payment to be made by demand draft favouring  
**"3rd ASIA PACIFIC CONFERENCE ON FOETAL THERAPY (APCFT)"**  
payable @ Chennai

Demand Draft No:  
Issuing Bank:

Date:  
Rupees:

Date:

Signature of the delegate:

**Total Payment Enclosed**

### For office use only

DD.No: \_\_\_\_\_ Date: \_\_\_\_\_

Issuing bank: \_\_\_\_\_

Rupees: \_\_\_\_\_ Receipt: \_\_\_\_\_

Remarks: \_\_\_\_\_

### Conference Secretariat | MediScan Systems

18, Besant Road, Royapettah, Chennai - 600014

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