



Annual Conference

Indian Society of Anaesthesiologists

ISACON, April 12th and 13th, 2014



Registration Form

Kindly fill up this form in CAPITAL LETTERS only. Fields marked* are mandatory

Name* _____ ISA Membership No* _____

Designation _____ Institute* _____

Address* _____

_____ Pin _____ City* _____ State _____

Tel. *(R) _____ Mob* _____

(Off) _____ Email* _____

Registration for ISACON, April 12th and 13th, 2014.

| | Early bird Up to 19 th Dec | Up to 31 st Jan | Up to 31 st March | On Spot |
|-----------------------|--|----------------------------|------------------------------|---------|
| ISA Member | 2000 | 2500 | 3000 | 4500 |
| Non-ISA Member | 2500 | 3000 | 3500 | 5000 |
| Post Graduate student | 1500 | 2000 | 2500 | 3500 |
| Accompanying delegate | 1000 | 1500 | 2000 | 2500 |
| Workshop | 1000 | 1000 | 1500 | - |

Registration details:

Mention the codes clearly

| | Code | Amount | Cheque/DD No. |
|--------------------------------|------|--------|---------------|
| Workshop | | | Drawn on |
| Conference 12 & 13 April, 2014 | | | Cash |
| Total amount to be paid | | | |

WORKSHOP CODES

| | | | |
|--------------------------|----|---------------------------|----|
| Transeo echocardiography | TE | Neurointensive Monitoring | NM |
| Haemodynamic Monitoring | HM | Ultrasound guided R.A. | US |

Online submission of registration, bank transfer details:

Bank name: Syndicate Bank, MAM College, Bahadur Shah Zafar Marg, New Delhi 110 002

Account No. 90682010120648 IFSC Code: SYNB0009068

Beneficiary name : ISACON G B Pant Hospital

Send completed registration form along with enclosures to the

Conference Secretariat

Room No. 621, Academic Block G.B. Pant Hospital, New Delhi-110002 Tel. : 23233001 ext 5621 Website : www.isadelhi.net

1. For those who wish to register for workshop, Registration for conference is mandatory.
2. Registration is complementary for all past presidents and delegates > 75 years age. But they will have to fill the registration form.
3. Post graduate students must submit certificates from Head of Department to the effect.
4. Bnquet charges for accompanying person Rs. 1000
5. Cheque / DD in favour of ISACON G.B. Pant Hospital
6. Please write name / mobile no. & email ID on the reverse of DD / cheque.

For any Clarification, Please contact Dr. Baljit Singh (Organising Secretary, ISACON) 9718599405