NEUROTRAUMA 2015 BENGALURU

24th Annual National Neurotrauma conference
21- 23 August, 2015

REGISTRATION FORM

FULL NAME

TITLE Prof Dr Mr Ms

First Name Last Name

ADDRESS

Street Address 1

Street Address 2

City

STATE PIN

COUNTRY

E-Mail Address-1

E-Mail Address-2

STD Code Land Line Phone

Mobile Phone-1 Mobile Phone-2

REGISTRATION SELECTION

Indian Delegates	☐ Before 30th June 2015	☐ 4500.00
	☐ After 30th June 2015	☐ 5500.00
	☐ Spot Registration	☐ 5500.00
Students/ Residents/ Phd Scholars	☐ Before 30th June 2015	☐ 3000.00
	☐ After 30th June 2015	☐ 3500.00
	☐ Spot Registration	☐ 3500.00
Allied Specialties	☐ Before 30th June 2015	☐ 1500.00
	☐ After 30th June 2015	☐ 1500.00
	☐ Spot Registration	☐ 1500.00
Accompanying Person	☐ Before 30th June 2015	☐ 2500.00
	☐ After 30th June 2015	☐ 2500.00
	☐ Spot Registration	☐ 2500.00
International Delegates	☐ Before 30th June 2015	☐ 150$
	☐ After 30th June 2015	☐ 200$
	☐ Spot Registration	☐ 200$
[International Students/ Residents/ Phd Scholars / Allied Specialties/ Accompanying Person]	☐ Before 30th June 2015	☐ 150$
	☐ After 30th June 2015	☐ 200$
	☐ Spot Registration	☐ 200$

TOTAL AMOUNT ☐

In Words ☐

MODE OF PAYMENT

- [ ] Bank Draft
- [ ] Cheque
- [ ] Online Transfer

Cheque / Draft No. _____ Bank Name _____

CONFERENCE ACCOUNT DETAILS

BANK NAME : AXIS BANK

ACCOUNT NAME : NEUROTRAUMA2015

ACCOUNT NUMBER : 914020054678277

IFSC CODE : UTIB0000052

CITY : Bengaluru

BANK ADDRESS : 55 5 30TH CROSS 13TH MAIN JAYANAGAR 4TH BLOCK

SEND COMPLETED FORM TO

Dr. B Indira Devi
Department of Neurosurgery, Nimhans
Hosur Road, Lakkasandra, Bengaluru - 560029
Karnataka, India

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