Organizing Committee
67th Annual Conference of
Cardiological Society of India
@ Chennai Trade Centre
3rd to 6th of December 2015

Chennai, 2015

REGISTRATION FORM

(Please fill in **CAPITAL LETTERS**)

DELEGATE DETAILS Dr ☐ Mr ☐ Mrs ☐

First Name _____ Middle Name _____ Last Name _____

Institution _____ Department _____

Designation _____ Degree _____ Nationality _____

Name to appear on the badge _____

CSI Member ☐ CSI Membership No: PG Student ☐ Nurse/Technician ☐

Address _____

_____

City _____ Pin Code _____ State _____ Country _____

Work Phone _____ Mobile (Mandatory) _____ Fax _____

Email (Mandatory) _____

ACCOMPANYING PERSON'S DETAILS

1) Title _____ First Name _____ Last Name _____

Choice of food : Vegetarian ☐ Non Vegetarian ☐ Jain ☐ Healthy Alternative ☐

Collar Size: L ☐ XL ☐ XXL ☐ XXXL ☐

Any other special facility you need in the venue: _____

REGISTRATION FEE

Category	from 16th July, 2015 to 15th September, 2015	from 16th Sept., 2015 to 15th November, 2015	SPOT REGISTRATION
CSI Member	₹ 11,000 *	₹ 15,000 *	₹ 20,000 *
Non CSI Member	₹ 13,000 *	₹ 20,000 *	₹ 25,000 *
Accompanying Person	₹ 15,500 *	₹ 20,000 *	₹ 25,000 *
PG Student	₹ 6,500 *	₹ 8,000 *	₹ 10,000 *
Industry Professional	₹ 16,000 *	₹ 22,000 *	₹ 28,000 *
Nurse/Technician	₹ 6,500 *	₹ 8,000 *	₹ 10,000 *
Foreign Nationals (USD)	$ 900 *	$ 1,000 *	$ 1,100 *
SAARC Nationals (USD)	$ 500 *	$ 600 *	$ 700 *

*** An additional amount of 14% to be added towards service tax**

PG (MD) in training and Post Doctoral (DNB/DM) in training will have to submit a certificate from their HOD.

TOTAL AMOUNT (IN WORDS) _____

Mode of Payment : Cheque / Demand Draft in favour of

"67th Annual Conference of CSI-2015" payable at **Chennai.**

Cheque / Demand Draft No. _____ Dated _____ Amount _____

Drawn on Bank _____

Date _____ Signature _____

Secretariat: **Dr. S. Shanmugasundaram, Billroth Hospital**
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