HAEMATOCON BENGALURU 2015

Karnataka Chapter ISHBT Est. 2012

HAEMATOCON

November 5 - 8, 2015 | www.haematocon2015.com

REGISTRATION FORM

DELEGATE DETAILS

(Please fill in CAPITAL LETTERS)

☐ Dr. ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Prof.

First Name _____ Middle Name _____ Last Name _____

Institution/Company _____

Designation _____ Department _____ Nationality _____

Address _____

City _____ Pin code _____ State _____ Country _____

Work Phone _____ Mobile (Mandatory) _____ Fax _____

Email (Mandatory) _____ Membership No. (Mandatory) _____

ACCOMPANYING PERSON/S DETAILS

(1) Title _____ Name _____ Age _____

(2) Title _____ Name _____ Age _____

(3) Title _____ Name _____ Age _____

(4) Title _____ Name _____ Age _____

REGISTRATION FEE

REGISTRATION CATEGORY	Early Registration 31st July 2015	Accelerated Registration 1st Aug - 31st Sept 2015	Later Registration 1st Oct - 30th Oct 2015	Spot Registration November 1st onwards
ISHTM members	☐ ₹ 4000	☐ ₹ 5000	☐ ₹ 6000	☐ ₹ 8000
Non members	☐ ₹ 5000	☐ ₹ 6000	☐ ₹ 7000	☐ ₹ 9000
Accompanying person	☐ ₹ 3000	☐ ₹ 4000	☐ ₹ 5000	☐ ₹ 7500
PG students	☐ ₹ 3000	☐ ₹ 4000	☐ ₹ 5000	☐ ₹ 7500
Overseas delegates	☐ US $ 300	☐ US $ 400	☐ US $ 500	☐ US $ 600

WORKSHOP

WORKSHOP DATE : NOVEMBER 4TH WEDNESDAY

Sl. No.	Institution / Venue	Topics
1	MANIPAL HOSPITAL	☐ Flow Cytometry - Immunophenotyping of Acute Leukemias and Minimal Residual Disease in ALL ☐ Lymphomas - special focus on CD30 positive lymphoproliferative disorders ☐ Haematology Analysers - Interpretation of Newer Parameters and their Clinical Utility
2	ST JOHNS MEDICAL COLLEGE	☐ Flow Cytometry - non neoplastic hematological disorders - PNH, PID and Glanzmanns thrombasthenia ☐ Coagulation - Hemostasis ☐ Molecular Haematology
3	MS RAMAIAH MEDICAL COLLEGE	☐ Pediatric clinical Haematology and Haemato - pathology

Contd.,

WORKSHOP DATE : NOVEMBER 4TH WEDNESDAY		
Sl. No.	**Institution / Venue**	**Topics**
4	COLUMBIA ASIA HOSPITAL	☐ Coagulation ☐ HPLC
5	HCG HOSPITAL	☐ Flow Cytometry
6	BANGALORE MEDICAL COLLEGE	☐ Myeloproliferative Disorders
7	NARAYANA HEALTH CITY	☐ Symposia on Hematopoetic Stem Cell Transplant ☐ Workshop Flow Cytometry Polychromatic Leukemia Immunophenotyping- 6 colors and beyond
8	ANAND LABS	☐ Lab Investigations in Evaluation of Plasma Cell Dyscrasias

INR 500/- per workshop Please select only one workshop from the topic mentioned

Limited Seats - Registration Open On First Come, First Serve Basis

PAYMENT OPTION

Mode of Payment: Cash ☐ DD ☐ Cheque ☐

(in figure): _____ Demand Draft / Cheque in favor of **CIM GLOBAL INDIA PVT LTD**

Demand Draft / Cheque No. _____ Dated _____ Amount _____

Drawn on Bank _____ (in words) _____

Date: _____ Signature: _____

TERMS & CONDITIONS

- **Participation fee includes:**
  - o Conference participation.
  - o Delegate kit.
  - o Conference lunches and 2 sessions tea coffee during the conference.
- The registration fee does not include any travel cost, accommodation, sightseeing tours or airport transfer.
- While your safety is of utmost importance, the committee or the organisers will take no responsibility for loss of belongings/ valuables or damage to property.
- Only delegates registered in the international registration category will receive an invitation letter for Visa purpose.

Conference Secretariat

CIMGlobal (I) Pvt. Ltd.
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E: **info@haematocon2015.com** ; W: **www.haematocon2015.com**

Conference Manager
CIMGLOBAL
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