Indian Association of Private Psychiatry

National CHILD PSYCHIATRY CME

Autism Spectrum Disorder

21st July 2019, Sunday, Pride Plaza Hotel, Aerocity, Delhi

Registration Form

Last Middle First

Name

Date of Birth Sex M F

Address

District

State Pin/Zip/Post code

Country

Contact numbers (with STD Codes)

Mobile Residence/Office

E-Mail

Qualification Year

*State Council Reg. No.

*IAPP Membership No. Yes No If, Yes

Cheque / DD No & Bank:

Date on Cheque / DD :

Transaction ID / Payment ID / UTR No :
(If the payment has been made already)

For IAPP Membership visit www.iapp.co.in or mail us on info@medisquire.com

Registration mandatory for all attendees

Registration Fees – **5,000 INR**

Hurry!

Only 150 Seats Available

Registration payments to be drawn in favour of:
Medisquire Global Education Resources
Bank Name: **HDFC Bank;** Account No.: **502 000 1437 4031;**
IFSC Code: **HDFC 0000 455;** Branch: **Jogeshwari West**

Completely filled registration forms and cheques/DD to be sent to below correspondence address:
Medisquire Global Education Resources
1001, 10th Floor, Sunteck Grandeur, SV Road, Andheri West, Mumbai, Maharashtra 400058, India.

* If Delegate is an IAPP member, kindly provide the membership number or will be considered as Non-IAPP member

Registration fees will be non-refundable

Registration fees includes: Access to all scientific sessions • Conference material • Refreshments served during conference

Important Contact

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