



CRITICARE 2018 CONFERENCE REGISTRATION FORM

If you have any queries, call on 7045637444 or mail on conferencecoordinator@isccm.org

Delegate Type :

ISCCM Member Non Member

Membership No :

Membership Type :

Non ISCCM Members
 PG Students
 Internation Delegates
 SAARC Country Delegates
 Nurses/Paramedics(ISCCM/CCNS Members)

Salutation :

Prof
 Dr.
 Mr.
 Mrs.
 Ms.

Name :

Surname :

Hospital :

Mailing Address :

City :

State :

Country :

Pincode :

Tel No Hospital / Office :**Residence :****Fax :****Email :****Mobile No :****Mobile No *** (for international delegates only) :

Accompanying Persons

Salutation : Prof Dr. Mr. Mrs. Ms.**Name :****Age :**

Payment Details

Cheque no./DD/NEFT No. :**Bank Name :****Amount :****Cheque/DD Date :**

Conference Registration Fees (Conference: 07th to 09th March, 2018)

Category	1st May to 31st Oct 2017	1st Nov to 31st Jan 2018	1st Feb to On Spot 2018
ISCCM Members	□ Rs.10000	□ Rs.14000	□ Rs.16500
Non-ISCCM Members	□ Rs.12000	□ Rs.15000	□ Rs.17500
PG Students*	□ Rs.6500	□ Rs.7500	□ Rs.8500
International Delegates	□ USD.650	□ USD.750	□ USD.850
SAARC Country Delegates	□ USD.350	□ USD.450	□ USD.400
Nurses/Paramedics (ISCCM /CCNS Member)	□ Rs.3000	□ Rs.3500	□ Rs.4000
Accompanying Person International Delegates	□ USD.450	□ USD.550	□ USD.650
Accompanying Person National Delegates	□ 9,000	□ 13,000	□ 15,500