



CRITICARE 2018 WORKSHOP REGISTRATION FORM

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

Delegate Type :

Membership No :

☐ ISCCM Member ☐ Non Member

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 :

Workshop (10th & 11th March, 2018)

Name of Workshops	No. of Seat Availabe	Members & PG Students	Non Member	SAARC & International
BPICC (BASIC PEDIATRIC INTENSIVE CARE COURSE)	<input type="checkbox"/> 65	<input type="checkbox"/> 4000	<input type="checkbox"/> 5000	<input type="checkbox"/> \$170
MECHANICAL VENTILATION COURSE	<input type="checkbox"/> 80	<input type="checkbox"/> 9000	<input type="checkbox"/> 10000	<input type="checkbox"/> \$180
4C (COMPREHENSIVE CRITICAL CARE COURSE)	<input type="checkbox"/> 60	<input type="checkbox"/> 7500	<input type="checkbox"/> 9000	<input type="checkbox"/> \$170
ECHO and USG Course in ICU	<input type="checkbox"/> 60	<input type="checkbox"/> 12000	<input type="checkbox"/> 14000	<input type="checkbox"/> \$260
HAEMODYNAMIC MONITORING COURSE	<input type="checkbox"/> 60	<input type="checkbox"/> 7500	<input type="checkbox"/> 9000	<input type="checkbox"/> \$170
NEURO CRITICAL CARE COURSE (In association with NCS USA)	<input type="checkbox"/> 50	<input type="checkbox"/> 6500	<input type="checkbox"/> 7500	<input type="checkbox"/> \$150
OBETETRICS CRITICAL CARE COURSE	<input type="checkbox"/> 50	<input type="checkbox"/> 7500	<input type="checkbox"/> 9000	<input type="checkbox"/> \$170
DIFFICULT AIRWAY & BRONCHOSCOPY COURSE	<input type="checkbox"/> 50	<input type="checkbox"/> 6500	<input type="checkbox"/> 7500	<input type="checkbox"/> \$150