

Register Now

IAPMRCON 2018

NEW DELHI



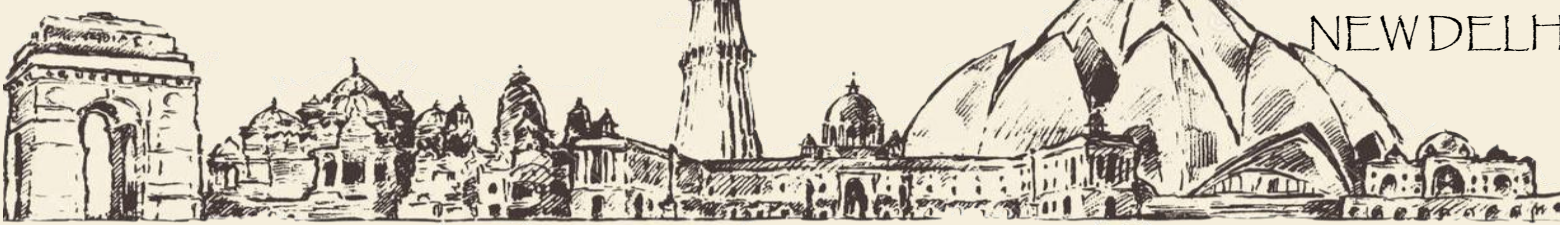
Dr. Mr. Ms. Mrs. Prof.

Full Name :			
Institution / Company :			
Address :			
Qty :		PIN :	
State :		Country :	
Email :			
Work Phone :		Mobile :	
IAPMR Member :	<input type="checkbox"/> Y <input type="checkbox"/> N	Membership No(if Y) :	
Designation :			
Number of Accompanying Person Expected :	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> None <input type="checkbox"/> Others _____	Would be interested to present a Paper :	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> May be
Paper Type for Presentation (if presenting) :	<input type="checkbox"/> CME Talk <input type="checkbox"/> Free Paper Platform <input type="checkbox"/> Poster		
Title of the Paper to be presented			
Registration Details :			
<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> NEFT			
Cheque / DD/ NEFT No :			
Date		Signature	

Register Now

IAPMRCON 2018

NEW DELHI



Conference Dates:	18 th January 2018 (Thursday)- Pre Conference Workshop 19 th January 2018 (Friday)- CME 20 th January 2018 (Saturday)- Conference day 1 21 st January 2018 (Sunday) – Conference Day 2		
Registration Details :			
Type	Last Date 31/10/2017	After Last Date till 31/12/2017	Spot 01/01/18 Onwards
IAPMR Member	9000	10000	11000
IAPMR Non Member	10000	11000	12000
Student* (MD/DNB PMR)	7000	8000	9000
Accompanying Persons	7000	8000	9000
Overseas Member	16000	17000	18000
Overseas Accompanying Person	16000	17000	18000
Bank Details :	In favour of : Indraprastha Association of Rehabilitation Medicine Punjab National Bank, Sarita Vihar Branch, New Delhi. A/c No.: 3976000100067179, IFSC Code: PUNB0397600		
Pre-conference workshop	INR 500/- Each to be deposited along with registration fee by 15/10/2017. The details of workshop will be onsite after 31 st July 2017		
Venue:	New Delhi		
Conference Secretariat	R.No - 4, Department of Physical Medicine and Rehabilitation, All India Institute of Medical Sciences, New Delhi -110029,India, Email: 2018iapmrcon@gmail.com ,Ph:011-26593337		

* Please attach a letter from your HOD certifying your studentship .