



4th Bi-Annual CME of The Indian Society for Stereotactic & Functional Neurosurgery

issfn
CME 2018
6 7 OCT

Registration Form

Title : Surname : First Name : Middle Name :
 Institute/Hospital :
 Address :
 City : Pin Code : Phone :
 Mobile : Email :

Details of Accompanying Person :

1. Title : Surname : First Name : Middle Name :
 2. Title : Surname : First Name : Middle Name :

ISSFN CME 2018 - Registration Fees Details : Non Residential

Course Details	Early Bird Registration (June 30, 2018)	Regular Registration (July 1, 2017 to Sep 07, 2018)	Spot Registration
CME	<input type="checkbox"/> 1000/-	<input type="checkbox"/> 1250/-	<input type="checkbox"/> 1500/-
Hands on Workshop (Depends on Frame Availability)	<input type="checkbox"/> 2000/-	<input type="checkbox"/> 2750/-	
COMBO REGISTRATION	<input type="checkbox"/> 2500/-	<input type="checkbox"/> 3500/-	
ACCOMPANYING PERSON	<input type="checkbox"/> 2000/-	<input type="checkbox"/> 2500/-	<input type="checkbox"/> 3000/-

Payment Details: The Payment by DD or Cheque should be in favour of "ISSFN CME 2018" Payable at **Ahmedabad**.
 Please write your name and mobile number behind Cheque / DD / NEFT / RTGS

Name of Account : ISSFN CME 2018 • **Name of Bank :** BANK OF INDIA
Account No. : 200210110012206 • **IFSC Code :** BKID0002002

Details of Cheque / Demand Draft (DD) /Bank Transfers :

By Cheque/DD	Cash	Bank Transfers
Cheque / DD No:	Amount:	Transaction No:
Bank:	Payment Date:	Payment Date:
Amount:		Amount:

Please send the filled registration form to Conference Secretariate

Registration Guidelines:

- CME Registration is mandatory for Hands on Workshop registration.
- Registration fees will be based on the date of receipt of payment.
- Photocopy of Id Proof (Driving License/Passport/Election Card) of the delegates is a must; please send it along with registration form.
- Provide all the necessary details as required in the form; it will be used for the conference communication only.
- Please preserve photocopy for your record.
- PG students have to submit the confirmation certificate duly signed by HOD(Compulsory).
- Provide us your updated email id ; it will be used for the registration receipt and other conference communication.
- Organizing Committee shall not liable in any form in case of changes in date / venue due to unforeseen reasons.
- Conference Organizers are not responsible for postal delays / failure of delivery by post or failure of electronic communication.

Registration Cancellation & Refund Policy:

- All Cancellation should be made in writing and sent to Conference Secretariat.
- All Cancellation received on or Before August 31, 2018 will be entitled for 50% refund of the registration amount paid.
- No refund for cancellation made after August 31, 2018.
- The refund process will begin only after 30 days of the conference. Refunds will be made in the same form that the payment is receive.

Organizing Chairman :

Dr. Parimal Tripathi E.: parimaltripathi@hotmail.com
Organizing Vice Chairman :
 Dr. Y. C. Shah E.: drycshah@yahoo.co.in

Event Managed by :

ORANGE ROSE
 +91 94260 580073

Conference Secretariate:

402-404 , Shital Varsha Mall, Pandurang Shastri Athavale Marg, Suryapooja Block B Satellite, Ahmedabad, Gujarat 380015. Clinic No: **079 - 26574989 / 26730251**, Mobile: **097126 15095**
 • Web : www.societyofneurosurgeons.com • Email : issfncme2018@gmail.com