ACADEMY OF CARDIOLOGY AT MUMBAI

Registration Form

Surname: First Name : (Mr./Ms.)

Postal Address:

City Pin Code: State:

e-mail :

Tel. (with area code): Residence: Office:

(MANDATORY) Mobile: Fax:

Accompanying Person Name 1:

Accompanying Person Name 2:

Residential Registration includes :

- Accommodation on Twin Sharing Basis from 11th January 2020 • 2.00 pm to 12th January 2020 • 12.00 noon
- Lunch and Dinner on 11th January 2020 and Breakfast and Lunch on 12th January 2020 .
- Conference Kit.

Residential Registration Fees :

Category	Up to 30th November 2019	After 30th November 2019
Delegate	☐ ₹ INR 10,170 + INR 1,830 (GST) = **INR 12,000/-**	☐ ₹ INR 11,865 + INR 2,135 (GST) = **INR 14,000/-**
Accompanying Person	☐ ₹ INR 11,865 + INR 2,135 (GST) = **INR 14,000/-**	☐ ₹ INR 13,560 + INR 2,440 (GST) = **INR 16,000/-**

Non-Residential Registration Fees :

Category	Up to 30th November 2019	After 30th November 2019
Delegate	☐ ₹ INR 8,475 + INR 1,525 (GST) = **INR 10,000/-**	☐ ₹ INR 10,170 + INR 1,830 (GST) = **INR 12,000/-**
Accompanying Person	☐ ₹ INR 10,170 + INR 1,830 (GST) = **INR 12,000/-**	☐ ₹ INR 11,865 + INR 2,135 (GST) = **INR 14,000/-**
PG Students (Including GST)	☐ ₹ INR 2,542 + INR 458 (GST) = **INR 3,000/-**	☐ ₹ INR 3,390 + INR 610 (GST) = **INR 4,000/-**

Mode of Payment: Cheque/DD No. Dated

drawn on

in favour of **"Academy of Cardiology"** at Mumbai payable at Mumbai

Refund Policy : No refunds.

Please send duly filled Registration Form to address given on reverse side of this form.

Signature

AOC 2020

REGISTRATION FORM TO:

SECRETARIAT

Dr. Ajit Desai

Organising Secretary, **AOC 2020**

Cell: +91 9821016642 • Email: dr_ajitd@hotmail.com

Address: Academy of Cardiology, 1St Floor, Kirti Manor, Near Akbarallys,
S V Road, Santacruz West, Mumbai – 400054, Maharashtra