



7th National Annual Conference of Indian Association of Clinical Cardiologists



23-25 September 2016
Radisson Blu Hotel, Rancho



www.iacconrancho.org

Registration Form

Name: (Dr. / Mr. / Ms.)

Gender: IACC Membership No. STD Code:

Phone: ClinicResidenceMobile

E – mail:

Accompanying Delegate 1.

Accompanying Delegate 2.

Accompanying Delegate 3.

Address (Residence):

.....

Address (Clinic):

.....

Cash / Cheque / DD / Transaction ID: Dated:

Bank Name: Bank of India

Branch: Tiwari Enclave, Circular Road, Lalpur, Rancho

Account Name: IACCCON 2016

Account Number: 4963 1011 000 9413

IFSC Code: BKID 000 4963

MICR Code: 834 013 017

For Official Use

Receipt Number: Dated:

Registration Fee

Category	Up to 31.12.2015	Up to 29.02.2016	Up to 31.05.2016	Up to 31.08.2016	Spot Registration
IACC Member	INR 5000	INR 7000	INR 9000	INR 11000	INR 15000
Non IACC Member	INR 7000	INR 9000	INR 11000	INR 14000	INR 20000
Accompanying Delegate	INR 4000	INR 5000	INR 7000	INR 9000	INR 15000
PG Delegate	INR 4000	INR 5000	INR 7000	INR 9000	INR 15000
Nurse / Technician	INR 3000	INR 4000	INR 6000	INR 8000	INR 14000
Corporate Delegate	INR 10000	INR 12000	INR 14000	INR 16000	INR 25000
International Delegate	USD 100	USD 150	USD 200	USD 250	USD 300
International Accompanying	USD 100	USD 125	USD 150	USD 200	USD 250