



AP PEDICON 2019

Venue: Madhavi Convention Centre | Kadapa

Theme: Cure to Care

• 08th - 10th November 2019 •

Conference Registration Form

Part 1 : Registration information (please write in capitals only)

IAP Member Delegate PG Student

(Please tick appropriate above)

IAP No* _____ State* _____

Name:* Title _____ First Name _____

Middle Name _____ Last Name _____

Name as to appear on badge* _____

Designation* _____ Gender M F Age

Institute Affiliation/Clinic Name* _____

Address* _____

City _____ Postal Code _____ State _____ Country _____

Telephone No. Code _____ Ph. No _____ Mobile No* _____

Email Id* _____

Workshop Category:

1. 2. 3. 4. 5.

Part 2

Accompanying persons

Title	Name	Gender	Relation with Reg delegate	Meal
1.	_____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	VEG <input type="checkbox"/> NON- VEG <input type="checkbox"/>
2.	_____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	VEG <input type="checkbox"/> NON- VEG <input type="checkbox"/>
3.	_____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	VEG <input type="checkbox"/> NON- VEG <input type="checkbox"/>

Note - Registration for children below 5 years is complimentary, however it is mandatory to mention their details above for security purpose.

**Mandatory fields

Registration Details

Category	Early Bird Upto 31 st May 2019	Normal Registration November	Spot
Workshop	₹ 1,000	₹ 1,000	₹ 1,000
IAP Member	₹ 3,500	₹ 4,500	₹ 7,000
Non IAP Member	₹ 4,500	₹ 5,500	₹ 8,000
PG Student	₹ 2,500	₹ 3,500	₹ 5,000
Accompanying Person	₹ 2,500	₹ 3,500	₹ 5,000

Workshops

1. Common Office Pediatric Problems (COPP)	2. IMAGE READING for Practicing Pediatrician Xray, CT, MRI	3. Essential Pediatrics infectious diseases (EPID)
4. ASTHMA TRAINING MODULE (ATM)	5. Basics of Pediatric and Neonatal Ventilation	

Payment Options :

- 1. Online Payment :** Delegates can pay online by using debit card, credit card and net banking options.
(applicable bank charges extra on registration fee for online registration)
- 2. Offline Payment :** Demand draft / multicity cheque to be drawn in favour of "**AP PEDICON 2019**". Please send duly filled registration form along with payment i.e. DD/multicity Cheque to Conference Secretariat.

Part 4

Method of payment

Payment (by one of the methods listed below) must accompany the registration form. Please note your registration will not be processed until realization of payment.

A: Demand draft no :

_____ Date _____ Bank _____

B: Bank Transfer no NEFT / RGTS / IMPS :

_____ Date _____ Bank _____

Declaration

I hereby declare that; all the above- mentioned details are true and correct and I shall obey the rules, terms and conditions laid by the Organizing committee.

I also give my consent to the Organizing Committee of AP PEDICON 2019 - INDIA to collect process and use the data mentioned above for the purpose of compiling delegate lists, printing delegate badges and providing access controls for the conference.

I will not hold the Organizing Committee of AP PEDICON 2019 - INDIA responsible for any incorrect information provided by me.

Delegate Name _____ Date _____ Signature _____

(Please send duly filled registration form along with payment (Demand Draft) or (copy of transaction slip wire Transfer) to SAP PEDICON 2019.

NOTE: Prior Registration is Mandatory for Application of Awards, Abstract, Workshop and Registration Entitlements.

In any case of difficulty, please contact congress secretariat at +91 96761 87122

Email: appedicon2019@gmail.com, reddyobula.38@gmail.com

ENTITLEMENTS

Delegates

- ♦ Conference kit
- ♦ Tea/Coffee
- ♦ Entry for all official functions
- ♦ Entry for trade / Exhibition Area
- ♦ Scientific sessions
- ♦ Souvenir
- ♦ All Lunches and dinners on Conference days
- ♦ Certificate of attendance

Bank Details:

Bank Name : Canara Bank
Account Name : AP PEDICON 2019
Account Number : 1962201001999
IFSC Code : CNRB0001962
Branch : Sankarapuram, Kadapa