

CONFERENCE REGISTRATION FORM

Name of the Delegate: _____

Organization/Institution: _____

Designation: _____

Address: _____

City _____ State _____

Pin Code: _____ Country _____

Email: _____

Telephone/Mobile: _____

MCI Reg. No/State Medical Council (If Applicable) _____

CATEGORY OF REGISTRATION

Registration Type	Selection
Faculty / Medical Practitioners / General Category	<input type="checkbox"/>
Research Scholars & Post doctoral fellows	<input type="checkbox"/>
Students (UG & PG)	<input type="checkbox"/>
Industry Participant	<input type="checkbox"/>

HOTEL RESERVATION FOR NATIONAL DELEGATES: SINGLE OCCUPANCY

Occupancy	Budget Hotel	3 Star Accommodation	5 Star Accommodation
1 Night Stay <input type="checkbox"/>	1500/- <input type="checkbox"/>	3500/- <input type="checkbox"/>	6500/- <input type="checkbox"/>
2 Night Stay <input type="checkbox"/>	3000/- <input type="checkbox"/>	7000/- <input type="checkbox"/>	13000/- <input type="checkbox"/>
3 Night Stay <input type="checkbox"/>	4500/- <input type="checkbox"/>	10500/- <input type="checkbox"/>	19500/- <input type="checkbox"/>
4 Night Stay <input type="checkbox"/>	6000/- <input type="checkbox"/>	14000/- <input type="checkbox"/>	26000/- <input type="checkbox"/>

DOUBLE OCCUPANCY

Occupancy	Budget Hotel	3 Star Accommodation	5 Star Accommodation
1 Night Stay <input type="checkbox"/>	2500/- <input type="checkbox"/>	4500/- <input type="checkbox"/>	7500/- <input type="checkbox"/>
2 Night Stay <input type="checkbox"/>	5000/- <input type="checkbox"/>	9000/- <input type="checkbox"/>	15000/- <input type="checkbox"/>
3 Night Stay <input type="checkbox"/>	7500/- <input type="checkbox"/>	13500/- <input type="checkbox"/>	22500/- <input type="checkbox"/>
4 Night Stay <input type="checkbox"/>	10000/- <input type="checkbox"/>	18000/- <input type="checkbox"/>	30000/- <input type="checkbox"/>

BioGenesis Health Cluster

H.No. 362, 11th Cross, 4th Main, 2nd Block,
Behind B.D.A. Shopping Complex,
R.T. Nagar, Bengaluru – 560 032

T: +91 80 2333 0019 F: 080 2333 0058

info@geriatricsconference.com

www.geriatricsconference.com

RSVP: Mrs. Radhika M: +91 9886327807

REGISTRATION FEES

NATIONAL REGISTRATION

Registration Type	Normal Registration Fee	Spot Registration Fee
Faculty / Medical Practitioners / General Category	INR 6000	INR 7000
Research Scholars & Post-doctoral fellows	INR 5500	INR 6000
Students (UP & PG)	INR 4500	INR 6000
Industry Participant	INR 11000	INR 14000

INTERNATIONAL REGISTRATION

Registration Type	Normal Registration Fee	Spot Registration Fee
Faculty / Medical Practitioners / General Category	\$ 650	\$ 700
Research Scholars & Post-doctoral fellows	\$ 550	\$ 700
Students (UP & PG)	\$ 350	\$ 600
Industry Participant	\$ 750	\$ 850

MODES OF PAYMENT:

By Bank Transfer, DD / Cheques:

In case of payment by DD/ Cheques; send DD/ Cheques in favor of:

Name of the Account	BioGenesis Health Cluster
Nature of the Account	Current Account
Account Number	009783800003889
Bank & Branch	Yes Bank, Secunderabad
IFSC CODE	YESB0000097

- In case of Bank Transfer from branch; please make sure that your full name is clearly stated on the bank receipt (Bank Transfer without name will not be processed)
- To confirm Registration, please send a copy of receipt and registration form by email or courier to our offices address mentioned below.

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