

# Registration Form

## 1. Personal Details

Dr. ....  
Institution .....  
Address .....  
..... City ..... State ..... Pincode .....  
Contact No. .... E-mail .....

## 2. Registration Details

- ♦ No spot registration. Limited seats available - First come first basis. (Last Date of Registration : 15th September 2018)
- ♦ Registration for conference Rs. 2000/-, Workshop - Rs. 1000/-.
- ♦ **Acomodation Tariff (Double occupancy) for Delegates**

(2 night, 3 days with all meals)	Taj Jim Corbett	₹ 27,000/-	Registration	Rs. 2000/-
(1 night, 2 days with all meals)	Taj Jim Corbett	₹ 14,000/-	Workshop	
(2 night, 3 days with all meals)	River View Retreat	₹ 17,000/-	Accomodation	
(1 night, 2 days with all meals)	River View Retreat	₹ 10,000/-		
(1 night, 2 days with all meals)	Twin sharing basis	₹ 6,000/-	Total	

## 3. Details of Payment (Demand Draft/Cash / Multicity Cheque)

Demand Draft/Multi City Cheque No. .... Date ..... Amount .....

(Rupees in words) ..... Drawn on Bank .....

Payments by Demand Draft/Multi City Cheque in favour of "5th North Zone Critical Care Conference & SRMS PulmoCrit" payable at Bareilly.

**For Poster submission guidelines refer to website : [www.srmsims.ac.in](http://www.srmsims.ac.in)**

Please mail this form & bank draft/Multi City Cheque to :

**Dr. Lalit Singh**

**Organizing Secretary**

President, ISCCM (UP-Uttarakhand)

Professor & Head, Department of Pulmonary & Critical Care Medicine

SRMS-IMS, Bareilly. Ph. : 0581-2582014-25; Mobile: 09415134949

E-mail: lalitsinghdr@gmail.com;

Signature

Date.....



**5<sup>th</sup> North Zone Critical Care Conference**  
**SRMS PulmoCrit**  
In Association with ISCCM, Bareilly Chapter