



REGISTRATION FORM

USGRACON



28th July, 2019

Venue : Rohilkhand Medical College & Hospital, Bareilly

Website : www.rmcbareilly.com,

Email : anaesthesia.rmch@gmail.com

Name.....Age.....Sex.....

ISA Membership No.....

Designation.....Organization.....

Address.....

City.....Mobile.....

Email Address.....

Accommodation Required Not required

Payment - Cash Receipt/ NEFT Transaction No.....

Signature

Registration Fee:

On or before

27th July 2019 - Rs. 2000/-

Spot registration - Rs. 2500/-

Accommodation:

Delegates - Rs. 1500/- per night
(Breakfast included)

Students - Rs. 500/- per night
(Breakfast included)

Neft Bank Details:

A/c Name - ROHILKHAND MEDICAL COLLEGE & HOSPITAL
IFSC code - ORBC0102234
A/c Number - 22342122001062
Bank Name - Oriental Bank of Commerce, Springdale College Branch Pilibhit Bypass Road, Bareilly

Notes:

- Registration on first come first served basis.
- Please send completed registration form and transaction details to mail ID anaesthesia.rmch@gmail.com or Whatsapp No. 7387036270.
- All Anaesthesia post graduate students should submit Bonafide certificate from the HOD of the corresponding institutes.
- Kit may not be ensured for spot registration.

Guidlines for Poster presentation:

- The presenter should register for CME and Workshop to do Poster presentation.
- Abstracts can only be submitted by email to anaesthesia.rmch@gmail.com.
- The Dimension of the flex poster - 4ft x 3 ft.
- The final date for abstract submission is 15th July 2019.
- All presenter should personally report on Sunday 28th July 8:00 am at the conference venue to confirm their participation in the above event.
- It is mandatory for the first (main) author to be the presenting author and the award will only be presented to the first author.