



## 7<sup>th</sup> INTERNATIONAL PATIENT SAFETY CONFERENCE

1-2 December 2017 | JW Marriott Mumbai Sahar | Mumbai | INDIA

### REGISTRATION FORM

Name: (Title) Dr / Mr / Ms First name \_\_\_\_\_ Surname: \_\_\_\_\_

Email ID: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Designation: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

### REGISTRATION CATEGORY (Tick appropriate category)

Early Bird Registration:	INR 4000	Regular Registration:	INR 5000
Foreign National Registration:	USD 500	Student Registration:	INR 4000
Pre-Conference Workshop:	INR 2500	Pre-Conference Workshop + IPSC:	INR 6500
Spot Registration (Domestic):	INR 8000	Spot Registration (Foreign):	USD 750
Group Registration for Five:	INR 20000		

### PAYMENT PARTICULARS

Cash /  Cheque /  DD /  Wire Transfer (Transaction Reference No: \_\_\_\_\_)

Cheque/DD Number: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of Bank \_\_\_\_\_

Signature of the Delegate: \_\_\_\_\_ Date: \_\_\_\_\_

Cheque/DD should be in favour of **Apollo Hospitals Enterprise Limited**. Wire Transfer Details:  
Apollo Hospitals Enterprise Limited; IDFC Bank, BKC Naman Branch, Mumbai; Account Number – 10001167884; IFSC Code – IDFB0040101

### REGISTRATION ACKNOWLEDGEMENT

This is to acknowledge the receipt of payment of Rupees \_\_\_\_\_

( Cash /  Cheque/DD (No : \_\_\_\_\_) /  Wire Transfer (UTR No : \_\_\_\_\_))

towards registration charges for 7<sup>th</sup> International Patient Safety Conference 2017 being held on 1-2 December 2017 at JW Marriott Mumbai Sahar, Mumbai, India.

Signature of the Organizer: \_\_\_\_\_ Date: \_\_\_\_\_