



**17th Annual Congress of the Indian Society of Critical Care Medicine
& International Critical Care Congress 2011
February 16-21, 2011, Vigyan Bhawan, New Delhi**



 **In Association With Ministry of Health & Family Welfare (Govt. of Delhi)**

OFFLINE ACCOMMODATION FORM

PERSONAL DETAILS (Please use BLOCK LETTERS)

Title: Mr. Mrs. Ms Dr . Prof.

Delegate's Full Name ** _____

Address** _____

Country ** _____ Phone No. _____

Fax _____ Email** _____

HOTEL DETAILS - The rates mentioned on the website are on Per Room per Night and Inclusive of Breakfast & all taxes applicable. The Standard check-in & check out for the hotel is 1200 hrs. Check in before 1200hrs will attract one night charge extra.

Name of the Hotel** _____

No of Rooms** Single Double

Room Type** Single Double

Check-In Date: ** _____ Check-In Time** _____

Check-Out Date: ** _____ Check-Out Time:** _____

Do you require Airport Transfer One Way Both ways None

Arriving From _____ Ft. No _____ Date _____ Time _____

Departure From _____ Ft. No. _____ Date _____ Time _____

Passport No. _____ Issued on _____ Valid until _____

Issued by _____ Issued at _____

PAYMENT MO DES: Credit Card: VISA Master American Express

I _____, here by authorize M/s. Le Passage to India Tours & Travel Pvt. Ltd., to charge my Credit Card no. _____ (Master / Visa) valid up to _____ for INR _____ (In Words _____) as the charges towards the hotel services requested by me during the Conference.

CVV NO. (VISA/MASTER) _____

Name as on Card _____ Amount _____ Signature _____

2. Bank Transfer (Kindly fax the MT100 form given by the bank at +91 01141653101 or mail the scanned copy at sanjaybhatt@iceindia.in)

I would like to pay through Bank Transfer

	Final Bank	Correspondent Bank in the USA
Name of Bank:	Standard Chartered Bank	Standard Chartered Bank
Address of Bank	10, Parliament Street New Delhi 110 001, India	New York (USA)
Account Number	525-0-504229 -7	3582088635001

Beneficiary (Title of Account) **Le Passage to India Tours & Travels Pvt. Ltd.**
Swift Code or SCBLINBBXXX SCBLUS33XXX
ABA number ABA No. 256

3. Demand Draft/Cheque (FOR INDIAN DELEGATES ONLY) in favor of "LE PASSAGE TO INDIA TOURS & TRAVEL PVT LTD", payable at New Delhi.

DD / Cheque No.: Date: Amount:

Bank & Branch Name: Signature:

****Marked all fields are mandatory.**

NOTE:

We will require full payment at the time of booking the hotel accommodation.

For cancellations, kindly refer to the terms & Conditions mentioned in the conference website www.criticare2011.org

Please visit the website for more details.



ICE-Integrated Conference and Event Management
(A division of Le Passage to India)

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