



## Offline Registration Form

**First Name\*** **Prof./Dr./Mr./Mrs./Ms.\***

**Surname\***

**Hospital/Institution\***

**Department\***

**Address\***

**Pin Code\***

**City\*** **State\*** **Country\***

**Phone Number (with area code)\*** **Mobile Number\***

**Email id\***

**Name of Accompanying delegate**

**ISCCM Membership No. (Mandatory for ISCCM Member)**

\* Fields are Mandatory

### CONGRESS REGISTRATION FEE

<b>ISCCM Members</b>	<b>(Fee/person)</b>	<b>(INR)</b>
Paid before 30th November 2010	7000	.....
Paid before 15th January 2011	7500	.....
From 15th Jan 2011 & Spot Reg.	9000	.....
<b>Non-Members</b>		
Paid before 30th November 2010	8000	.....
Paid before 15th January 2011	8500	.....
From 15th Jan 2011 & Spot Reg.	10000	.....
<b>Accompanying Person</b>		
Paid before 30th November 2010	4000	.....
Paid before 15th January 2011	4500	.....
From 15th Jan 2011 & Spot Reg.	5000	.....
<b>PG Student</b>		
Paid before 30th November 2010	4000	.....
Paid before 15th January 2011	4500	.....
From 15th Jan 2011 & Spot Reg.	5000	.....
<b>Nurse / Physiotherapist</b>		
Paid before 30th November 2010	2000	.....
Paid before 15th January 2011	2500	.....
From 15th Jan 2011 & Spot Reg.	3500	.....

# POST-CONGRESS WORKSHOPS AND COURSES FEE

Workshop/Course Code	Date	Max. Participants	ISCCM Member	Non-Member	(INR)
<input type="checkbox"/> ACLS - 01	Feb 19-21, 2011	40	5500	6000	.....
<input checked="" type="checkbox"/> FCCS - 02	Feb 19-20, 2011	40 (Seats are Full)	5000	5500	.....
<input type="checkbox"/> FDM - 03	Feb 20, 2011	40	3500	4000	.....
<input type="checkbox"/> ATLS - 04	Feb 19-21, 2011	16	20000	20500	.....
<input checked="" type="checkbox"/> UECC - 05	Feb 19-20, 2011	25 (Seats are Full)	5000	5500	.....
<input type="checkbox"/> MV - 06	Feb 19-20, 2011	75	10000	10500	.....
<input type="checkbox"/> HMEC - 07	Feb 19-20, 2011	30	5000	5500	.....
<input type="checkbox"/> CCN - 08	Feb 19-20, 2011	50	2500	3000	.....
<input type="checkbox"/> BPIC - 09	Feb 19-20, 2011	40	3000	4000	.....
<input type="checkbox"/> ASIC - 10	Feb 19, 2011	40	3000	3000	.....
<input type="checkbox"/> AAM - 11	Feb 19-20, 2011	25	5000	5500	.....
<input type="checkbox"/> MCT - 12	Feb 19, 2011	30	4000	4500	.....
<input type="checkbox"/> BRC - 13	Feb 20, 2011	25	4000	4500	.....
<input type="checkbox"/> BASIC - 14	Feb 19-20, 2011	30	3000	4000	.....
<input type="checkbox"/> CRM - 15	Feb 19, 2011	30	2500	3000	.....
<input type="checkbox"/> NCC - 16	Feb 19-20, 2011	50	3000	3500	.....
<input type="checkbox"/> NUC - 17	Feb 20, 2011	40	3000	3500	.....

(Page1) **Total** .....

(page 2) **Total Congress** .....

**Grand Total** .....

Amount (in words): .....

### **AUTHORITY TO CHARGE (CREDIT CARD)**

**Offline Payment Options:** 5% Credit Card bank charges will be applicable on Visa & Master Card.

offline mode.

**Credit Card**       VISA CARD       MASTER CARD

16 Digit Card Number:   

DCB Number on the front side of the card

Expiry Date(mm/yy):   

Name as on Card: ..... Amount: ..... Signature: .....

Please sign this authorization form and send along with this Registration Form to the Conference Secretariat along with the front and back copy of your credit card.

**DD / Cheque:** Payments should be made by Demand Draft / Cheque in favour of "Criticare 2011" payable at Delhi.

**Kindly indicate your name, contact number and name of the conference "Criticare 2011" at the back of Demand Draft / Cheque and send it to the address given below:**

**Criticare 2011 Congress Secretariat**

Room No 4162, 1st Floor, General OPD, Gate no.10, Indraprastha Apollo Hospital,

Sarita Vihar, Delhi - Mathura Road, New Delhi-110076, India.

Ph: +91 11 26925858, 26925801 Ext. 4162

Telefax : +91 11 26825586

E-Mail : [congress@criticare2011.org](mailto:congress@criticare2011.org), [info@criticare2011.org](mailto:info@criticare2011.org)

**We only accept AT PAR and local cheques. Outstation cheques are not acceptable.**

DD / Cheque No.: ..... Date: ..... Amount: .....

Bank & Branch Name: ..... Signature: .....

**Notes**

- ◆ All cheques and DD to be made in favor of "criticare 2011", payable at New Delhi. ◆ We only accept AT PAR and local cheques. Outstation cheques are not acceptable. ◆ Refund request will be considered only after conference. ◆ For cancellation written request along with original "acknowledgment letter" should be sent to **Congress Secretariat before 30th November 2010**. ◆ There will be no refund thereafter. ◆ Refund will be sent by cheque after the conference. ◆ An amount equivalent 40% + Bank charges of the total amount paid will be deducted as handling charges. ◆ PG Students should enclose a certificate from the Head of Department.

**FOR FURTHER ASSISTANCE CONTACT:**



**ICE - Integrated Conference & Event Management**

A division of Le Passage To India Tours & Travels Pvt. Ltd.

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