



2nd Annual West Zone Conference of IAP

Date: 20-22 September, 2019 | Venue: Avadh Utopia Surat | Organized by: Surat Pediatric Association Charitable Trust (SPACT)
Ph: 8511964453 | Email: wzpedicon2019@gmail.com

REGISTRATION FORM (PLEASE FILL IN CAPITAL LETTERS)

NAME:

MOBILE NO.: E-MAIL:

POSTAL ADDRESS:

NAME OF THE INSTITUTE : CITY:

STATE: COUNTRY:

IAP MEMBERSHIP NUMBER:

REGISTRATION DETAILS

Registration Category	TILL 30th JUNE 2019	TILL 31st AUGUST 2019	1st September 2019 Onwards
<input type="checkbox"/> IAP Members	6000	8000	10000
<input type="checkbox"/> Non IAP Members	8000	10000	12000
<input type="checkbox"/> Accompanying delegates- Spouse & Child above 5 years	6000	8000	10000
<input type="checkbox"/> PG Students (Letter from HOD Compulsory)	6000	7000	8000
<input type="checkbox"/> IAP Members-Sr. Citizen (Above 70 years) with Age proof	Nil	Nil	Nil
<input type="checkbox"/> Corporate delegates	8000	10000	12000

BANK DETAILS:

ACCOUNT NO- 3713161275 ACCOUNT NAME- WEST ZONE PEDICON 2019 BANK NAME
 BRANCH- ADAJAN (SURAT) IFSC CODE- CBIN0283527 TYPE OF ACCOUNT- CURRENT

Payment Details:

Mode of Payment: Cash/ Demand Draft/ At Par Multi City Cheque/ Wire Transfer (Tick The Mode)
 DD / Cheque Number / Ref. Number
 Amount..... In words

Bank Details
 ALL DD AND CHEQUE TO BE IN FAVOUR OF "WEST ZONE PEDICON 2019" PAYABLE AT SURAT
 E-mail And Whatsapp Mobile Number Compulsary

ORG. SECRETARY:

DR. FAGUN K. SHAH DR. KIRIT SISODIYA DR. PRASHANT KARIYA

Please send filled registration form to:

Param Children Hospital, 305-306, Seven Square Doctor House, Near Kshetrapal Hanuman Mandir
 Sagrampura, Surat, Gujarat 395002 Ph: + 91 85119 64453

Helpline No: 8260060082

Website: www.westzonepedicon2019.com | E-mail: wzpedicon2019@gmail.com

