



# 31st Annual Conference of Cardiological Society of India, Delhi Branch

Date: March 25<sup>th</sup>-26<sup>th</sup>, 2017

Venue: Hotel Le Meridien, 8 Windsor Place, Janpath, New Delhi

## Delegate Registration Form

Name: \_\_\_\_\_

Title/ Position : \_\_\_\_\_

Department/ Hospital : \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_ Mobile \_\_\_\_\_

Accompanying person/s name/s : \_\_\_\_\_

**Payment may be made by Demand Draft/ Cheque in favour of Cardiological Society of India Delhi Branch payable at New Delhi**

DD/Cheque No. \_\_\_\_\_ Dated \_\_\_\_\_

Drawn on bank \_\_\_\_\_ Branch \_\_\_\_\_ Rs. \_\_\_\_\_

Signature: \_\_\_\_\_

Registration Fee		
	Up to 28 <sup>th</sup> Feb 2017	Spot ( only cash payment)
CSI DB Life Member/ Associate Member	Complementary	3000/-
Student*	1500/-	3000/-
Non Member	3000/-	5000/-

\* Registration is compulsory to all, for security reasons to enter the venue.

\*\* Students must forward Registration form by the Head of Institute or Guide.

**This form to be sent to:**

**Dr. S.Ramakrishnan (Organizing Secretary)**

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