

**COMPREHENSIVE INTERVENTIONAL PAIN MANAGEMENT
WORKSHOP
CIPM-X1**

21st -24th September 2017

Venue: D. Y. Patil MEDICAL COLLEGE, Nerul, Navi Mumbai

Registration Form

Name: Dr _____

Designation: _____ Name of the institution: _____

Address for communication - _____

Mobile: _____ E-mail: _____

Registration Fees Details

Conference with workshop – (21st-24th September 2017)

Date	Indian Delegates	International Delegates
Before 31 st July 2017	25000/- INR	1200 USD
After 1 st August 2017	35000/- INR	1500 USD

Only Conference (Only for Indian Delegates) – 21st – 22nd September

Date	Indian Delegates
Before 31 st July 2017	3000/- INR
After 1 st August 2017	4000/- INR

Mode of payment: NEFT TRANSFER / Cheque / Demand draft

Amount -

Cash / Cheque / DD No./Bank details/Date _____

NEFT Receipt/UTIR No – Send us by email

Bank Details –

Account Number – 000412100061498

Payee Name - Pain Clinic Of India Pvt. Ltd. Conference account

Branch -The Bharat Cooperative Bank (Mumbai) Ltd., Near Ambedkar Garden, Chembur East, Mumbai-400071,

IFSC Code - BCBM0000005 SWIFT Code - BCBMLNBB

Address - Dr. Kailash Kothari, Pain clinic of India, 1/1, Kandhari Colony, Rd. no.2, Opposite Hotel Orchids, Chembur East, Mumbai- 400071

Date:.....

Signature:.....

Phone - +91-9320027500 / +91 9820412050

Website - www.painclinicofindia.com Email: cipmindia@gmail.com