

COMPREHENSIVE INTERVENTIONAL PAIN MANAGEMENT WORKSHOP

CIPM-13

21st - 24th June 2018

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 June 2018)

CATEGORY	BEFORE 15 TH APRIL	BEFORE 31 TH MAY	AFTER 31 ST MAY
INDIAN	25000 INR	30000 INR	35000 INR
INTERNATIONAL	700 USD	1000 USD	1200 USD
STUDENT	20000 INR	25000 INR	30000 INR

Only Conference (Only for Indian Delegates) – 21st – 22nd June 2018

CATEGORY	BEFORE 15 TH APRIL	BEFORE 31 TH MAY	AFTER 31 ST MAY
INDIAN	5000 INR	7000 INR	10000 INR
STUDENT	4000 INR	6000 INR	9000 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