

S L E E P C O N 2 0 1 7

Annual International Conference of Indian Sleep Disorders Association

Date: 7th - 9th April 2017

Venue: PSG Hospitals, Coimbatore - 641 004, Tamilnadu

REGISTRATION FORM

Prof. Dr. Mr. Ms.

Name(In CAPITAL LETTERS) : _____

Hospital/ Institute : _____

Title/ Position : _____

Mailing address : _____

Contact Nos : (M) _____ (Landline) _____

Email Address : _____

Educational Qualification : _____

Registration Category

- Member (Membership number) _____
- Non member Delegate - National/International Post Graduate
- Technicians
- Accompanying person: Name _____

Payment Details

Registration details	Amount	Payment Details
Accompanying Person(s):		Cheque/DD No: _____ Date: _____
Total		Drawn on Bank: Branch: Amount in Words:
		Date: _____ Signature

Mode of Payment

(1) At par Cheque/ DD to be drawn in favor of '**INDIAN SLEEP DISORDERS ASSOCIATION**' payable at Coimbatore.

Please note: For Late registration & on spot registration only CASH or DD will be accepted. Registration of Early Bird & Regular Registration by Cheque would be accepted only after cheques are honored. Please write your name and mobile number on the reverse of cheque/ DD.

(2) Net transfer (please note that the **RTGS/NEFT Ref No** issued by your bank is to be forwarded with your name to this office for updating our records and for inclusion of your name).

Other methods of payment are unacceptable.

Account Details

Name of the Account : **INDIAN SLEEP DISORDERS ASSOCIATION**

Account No : 3566057973

Bank : Central Bank of India

Branch Address : Avinashi Road, Peelamedu, Coimbatore – 641 004, Tamilnadu

RTGS/ NEFT/IFSC Code : **CBIN0280913**

MICR Code : **641016006**

Swift Account No : **CBININBBOSB**

Upon Successful transaction, kindly send the **NEFT/ RTGS** online e-receipt/scan copy of the bank pay-in slip to sleepcon2017@gmail.com with subject line as '**SLEEPCON 2017 – Conference registration (kindly mention with or without workshop registration): your name**' e.g. **SLEEPCON 2017-Conference / Workshop (mention workshop number) registration**. Conference organizers are not responsible for postal delays.

Note:

- (1) Conference registration is mandatory to attend workshop
- (2) For spot registration – Conference kit is subject to availability
- (3) Any document supporting PG status

Conference Secretariat

Dr. RM.PL. Ramanathan MD.,DM.,
 Professor & Director, PSG Institute of Pulmonary Medicine, PSG Hospitals
 PSG Institute of Medical Sciences & Research
 Avinashi Road, Peelamedu, COIMBATORE – 641 004. Tamilnadu
 Ph: 0422-4345260 / 4345264 ; Mob: 98947 59917
 Email ID: sleepcon2017@gmail.com

Important Dates

Deadline of early-bird registration : 15th Feb 2017
 Deadline of regular registration : 29th Feb 2017
 Deadline of late registration : 31st March 2017
 Spot Registration : 7th April 2017 and after

Registration Fees

Currency: Indian Rupees

REGISTRATION TARIFF*								
Category	Early Bird Registration Till 15 th Feb 2017		Regular Registration 16 th Feb 2017 to 29 th Feb 2017		Late Registration 1 st Mar 2017 to 31 st Mar 2017		Spot Registration (only in cash) 7 th Apr 2017	
	Workshop	Main Conference	Workshop	Main Conference	Workshop	Main Conference	Workshop	Main Conference
Fellows/ Members	1500	3000	1500	4000	2000	5000	2000	5500
Non Members	2000	3500	2000	4500	2000	5500	2500	6000
Accompanying person	1500	3000	1500	4000	2000	5000	2000	5500
COMBO PACK								
For PGs & Sleep Technologists (1 Workshop + Conference Registration)	2500		3000		3500		4000	

* Registration cost includes 1 lunch (for workshop), 2 lunches and 1 Banquet for main Conference

Personal Insurance

The organizing Committee is not responsible for any unexpected accidents that cause any forms of damages, property losses, or cancellation expenses to participants. All participants are recommended to arrange their own insurance for coverage.