



RESPICON 2010
XXII Annual Conference of National IAP Respiratory Chapter
Organised by
IAP Respiratory Chapter
IAP Respiratory Chapter, Tamil Nadu,
IAP - Tamil Nadu State Chapter & IAP - Chennai City Branch

CONFERENCE - REGISTRATION FORM

Receipt No: _____

IAP Member No: _____
 Non IAP Member PG Student Sr Citizen Foreign Delegate / SAARC

Name: _____
 Vegetarian / Non vegetarian Accommodation Yes / No CME Yes / No

Accompanying Delegate Name: 1. _____ 2. _____
 3. _____ 4. _____

Hospital Name / Name of Institute: _____

Designation: _____

Mailing Address: _____

Pin Code: _____

Email _____ * Mobile: _____ * Res: _____ Off: _____

(* compulsory fields)

IAP Delegate Fee: Rs _____

Non IAP Delegate Fee: Rs _____

PG Student: Rs _____

Sr Citizen: Rs _____

Foreign Delegate: Rs. _____

Accompanying Person: Rs _____

Total: Rs _____

Mode of Payment: by Demand Draft, drawn in favor of "Respicon 2010", payable at "**Chennai**".

DDNO: _____ Dated: _____ Name of Bank: _____

Signature of Delegate

Duly filled registration forms along with DD to be sent by Registered Post / Courier to the conference Secretariat. It will not include Pre Conference Workshop Fees (Contact for details)

For further details contact

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Organising Secretary, RESPICON 2010

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