



38th ANNUAL CONVENTION OF NATIONAL NEONATOLOGY FORUM (NEOCON 2018 & ANNUAL UP STATE NEOCON 2018)

Organised by: NNF UP State & NNF Varanasi

13 - 16 December, 2018, Venue: Hotel Taj Ganges, Varanasi



REGISTRATION FORM

(Please write in **BLOCK** Letters)

Receipt No. _____ Registration No. _____ Date: _____

Title: ☐ Dr. ☐ Prof. ☐ Mr. ☐ Mrs. *Please tick as appropriate*

Name*: First: _____ Middle: _____ Last: _____

Nationality*: ☐ Indian ☐ Foreign

☐ Regular Delegate ☐ PG Student ☐ Sr. Citizen ☐ Trade Delegate
☐ Nurse ☐ Accompanying Person ☐ Foreign Delegate

Workshop ☐ Yes ☐ No

CIAP Member: ☐ Yes ☐ No If yes Mem. No. _____

NNF Member: ☐ Yes ☐ No If yes Mem. No. _____

Age: _____ Sex: _____

Postal Address*: _____

State: _____ Country: _____ Pin Code*: _____

Mobile*: _____ Landline: _____

E-mail Id*: _____

Food Preference: ☐ Veg ☐ Non Veg ☐ Jain

Accompanying Person:

1. Name: _____ DOB: _____ Sex: _____ Relation: _____

2. Name: _____ DOB: _____ Sex: _____ Relation: _____

3. Name: _____ DOB: _____ Sex: _____ Relation: _____

All Star () marked are compulsory to fill*

Registration Details

Category	1 st Feb, 2018 to 30 th Apr, 2018	1 st May, 2018 to 30 th July, 2018	1 st Aug, 2018 to 31 st Oct, 2018	Onsite 1 st Nov. 2018 Onwards
NNF members	<input type="checkbox"/> 8000	<input type="checkbox"/> 10000	<input type="checkbox"/> 12000	<input type="checkbox"/> 15000
Non NNF members	<input type="checkbox"/> 9000	<input type="checkbox"/> 11000	<input type="checkbox"/> 14000	<input type="checkbox"/> 17000
PG Student	<input type="checkbox"/> 7000	<input type="checkbox"/> 9000	<input type="checkbox"/> 11000	<input type="checkbox"/> 14000
Accompanying person & child (>5 yrs)	<input type="checkbox"/> 9000	<input type="checkbox"/> 11000	<input type="checkbox"/> 13000	<input type="checkbox"/> 16000
IAP Members senior citizen (>70 yrs) with age proof	Free	Free	<input type="checkbox"/> 6000	<input type="checkbox"/> 6000
Faculty	<input type="checkbox"/> 6000	<input type="checkbox"/> 6000	<input type="checkbox"/> 6000	<input type="checkbox"/> 6000
Corporate (Pharma)	<input type="checkbox"/> 10000	<input type="checkbox"/> 12000	<input type="checkbox"/> 14000	<input type="checkbox"/> 17000

Workshop: 13th December, 2018

	1 st Feb, 2018 to 31 st July, 2018	1 st Aug, 2018 to 11 th Dec, 2018
Delegates	<input type="checkbox"/> 2500	<input type="checkbox"/> 3500
PG student / fellow	<input type="checkbox"/> 2000	<input type="checkbox"/> 3000

Amount Paid

1. As Delegate: ₹ _____
1. As Workshop: ₹ _____
1. As Accompanying Person: ₹ _____

} Total ₹ _____

Mode of Payment: (Tick) In favor of '**NEOCON 2018**' Payable at Varanasi.

☐ Cash ☐ DD ☐ Card ☐ Cheque
☐ Mobile Banking Bank Transfer: ☐ RTGS ☐ NEFT

Bank name: _____ Address: _____ Date: _____

Transaction Reference No. _____

Bank Details

Bank Name : ICICI Bank Ltd.
Branch Name : Sikarul, Varanasi
Account Name : NEOCON 2018
Saving Account no. : 386901000211
IFSC Code : ICIC0003869
MICR : 221229011

Chief Organizing Secretary : **Dr Ashok Rai** - 9415201567
Organizing Secretary : **Dr Alok C Bhardwaj** - 9335625522
: **Dr D M Gupta** - 9415448699

Registration Guideline

- * Delegate Kit for spot registration is subject to availability.
- * Registration charge including 18% GST.
- * Child below 5 years needs to submit age proof.
- * PG Students should submit the bonafide certificate from Head of the Department/Institution along with Registration form.
- * Senior citizens need to submit their age proof.

Cancellation Policy

50% refund before 30th June 18
25% refund if before 31st Oct 18
No refund after 1st Nov 18
No cancellation/ refund for Workshop.

Office Secretariat:
Indian Institute of Cerebral Palsy & Handicapped Children
C- 8, Kamla Nager (Behind Kashi Vidyapeeth),
Varanasi- 221002, Uttar Pradesh

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