



REGISTRATION FORM

PERSONAL DETAILS

(Please fill in CAPITAL LETTERS)

 Prof. Dr. Mr. Ms. Mrs.

Full Name: _____

Category: _____ Designation: _____

Medical Council Name: _____ Medical Council Number: _____

Address: _____

City: _____ Pin code: _____ State: _____ Country: _____

Mobile: _____ Email: _____

Registration Details

Category	Early Bird Till, 15 June 2019	Regular Till, 15 August 2019	Spot 6-8 Sept 2019
IACC Members <input type="checkbox"/>	Rs. 3,250 <input type="checkbox"/>	Rs. 5,000 <input type="checkbox"/>	Rs. 10,000 <input type="checkbox"/>
Non Members <input type="checkbox"/>	Rs. 7,500 <input type="checkbox"/>	Rs. 10,000 <input type="checkbox"/>	Rs. 20,000 <input type="checkbox"/>
PG / Students <input type="checkbox"/>	Rs. 5,250 <input type="checkbox"/>	Rs. 7,000 <input type="checkbox"/>	Rs. 14,000 <input type="checkbox"/>
Nurses / Technicians <input type="checkbox"/>	Rs. 5,250 <input type="checkbox"/>	Rs. 7,000 <input type="checkbox"/>	Rs. 14,000 <input type="checkbox"/>
International Delegate <input type="checkbox"/>	\$150 <input type="checkbox"/>	\$200 <input type="checkbox"/>	\$350 <input type="checkbox"/>
Accompanying person <input type="checkbox"/>	Rs. 5,000 <input type="checkbox"/>	Rs. 7,000 <input type="checkbox"/>	Rs. 10,000 <input type="checkbox"/>
International Accompanying <input type="checkbox"/>	\$100 <input type="checkbox"/>	\$150 <input type="checkbox"/>	\$200 <input type="checkbox"/>

Terms & Conditions:

Conference registration is mandatory to attend the workshop

Post Graduate students should submit a bonafide Certificate/letter from HOD along with registration form

Form received after the due date will be considered for next slot of registration

The registration is non – transferable

Registration is mandatory for all the types of participation

Cancellation and Refund Policy

- All cancellation should be made in writing and sent to **IACCCON 2019** Secretariat
 - Cancellations received between 02 May 2019 to 31 July 2019 will be entitled for only 75% refund of the amount paid.
 - Cancellations received between 01 August 2019 to 15 August 2019 will be entitled for only 50% refund of the amount paid.
 - No Cancellations & Refund requests will be accepted post 16 August 2019
 - All refunds will be made 30 days after completion of the conference as per the percentage mentioned in the above table.
- (Note: Application bank charges will not be refunded for online registration)

Cheque/Demand

 Draft for the appropriate amount to be raised in favour of “**CIM Global India Pvt Ltd**”

Amount (in figures) _____ DD/Cheque. No. _____

Dated _____ Drawn on Bank _____

Send DD/Cheque at the below address: _____

Conference Manager

CIMGlobal India Pvt. Ltd.

 #2, NG Complex, 2nd Floor, 30th Cross, Bannerghatta Road Layout,
Jayanagar, 4th T Block, Bengaluru - 560041, India

In case of any queries, please contact:

Mr. Mohd Rafiq

+91 7827948261

Organising Secretary

IACCCON 2019
6th, 7th & 8th SEPTEMBER 2019
Venue: Convention Centre Cochin **KOCHI**
Dr Manoj O.P

Organising Secretary IACCCON 2019 KOCHI

Mob: +91-9847341436

Email: iaccon@accindia.org, office@accindia.org

 Barons D20, Skyline Imperial Garden, JNL Stadium Link Road,
Palarivattom P.Os, Kochi, Kerala-682025