



# ANNUAL CONFERENCE OF CARDIOLOGICAL SOCIETY OF INDIA

DECEMBER 10<sup>TH</sup> - 13<sup>TH</sup>, 2020

## REGISTRATION FORM

Surname\*: ..... First Name\*: .....

Postal Address\*: .....

.....

..... City\*: ..... Pincode\*: .....

State\*: ..... Country\*: ..... PAN Card No.\*: .....

Tel. (with area code): Residence: ..... Office: .....

Active E-mail ID\*: ..... Mobile\*: .....

All future communications will be through email and mobile via SMS.

Accompanying person Name: 1. .... 2. ....

**Registration Details:** (Please ✓ mark in the box)

### Registration Category

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> CSI Member                   | <input type="checkbox"/> Non CSI Member | <input type="checkbox"/> Accompanying Person      |
| <input type="checkbox"/> PG / Nurse / Technician      | <input type="checkbox"/> Industry       | <input type="checkbox"/> Foreign Delegates(SAARC) |
| <input type="checkbox"/> Foreign Delegates(Non-SAARC) |   |   |

Mode of Payment: Cheque / DD No. .... Dated ..... Drawn on .....

..... Amount ..... Branch .....

Please make payment by DD / At Par Cheque in favour of "CSI-2020"

For more details and to register online, kindly visit our website: [www.csi2020ahmedabad.com](http://www.csi2020ahmedabad.com)

Registration cannot be transferred.

Please send the duly filled registration form along with DD/ Cheque to:

### CONFERENCE SECRETARIAT

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