INDIVIDUAL REGISTRATION FORM (please fill in CAPITAL letters)

Prof. / Dr / Mrs. /Mr. /Ms. (Tick one): First Name: ____________________________
Last Name: ____________________________
Organisation/Institution: ____________________________
Designation: ____________________________
Address: ____________________________
City: __________________ State: ___________ Country: __________________ Pin: ___________
Email: __________________ Telephone: __________________ Mobile: __________________
ACP Membership No.: ____________________________

How did you learn about this conference? (Check the relevant options)
☐ Colleagues  ☐ Web  ☐ Emailer  ☐ Other

Registration Fee (Exclusive of Service Tax)

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>EARLY BIRD (UPTO 31ST MAY 2017)</th>
<th>UPTO 30TH JUNE 2017</th>
<th>AFTER 1ST JULY 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACP Members/Fellows</td>
<td>₹ 7,500</td>
<td>₹ 9,000</td>
<td>₹ 10,000</td>
</tr>
<tr>
<td>Non-Members</td>
<td>₹ 10,000</td>
<td>₹ 12,000</td>
<td>₹ 14,000</td>
</tr>
<tr>
<td>Accompanying Persons</td>
<td>₹ 12,000</td>
<td>₹ 14,000</td>
<td>₹ 16,000</td>
</tr>
<tr>
<td>PG Students</td>
<td>₹ 5,000</td>
<td>₹ 6,000</td>
<td>₹ 7,500</td>
</tr>
<tr>
<td>International Delegates</td>
<td>US $ 300</td>
<td>US $ 350</td>
<td>US $ 400</td>
</tr>
</tbody>
</table>

Note:
- PG students registering under that category must attach a certificate from their Institution
- Great opportunity to earn CME credits.

Participant registration fee includes:
- Admission to all plenary sessions, poster sessions and exhibition area
- A delegate kit and a meeting badge
- Certificate of attendance
- Includes coffee breaks and lunches on 12th & 13th August’17 and dinner on 12th August’17
**PAYMENT CREDENTIALS**

A) **If paying by online bank transfer:** Booking form, duly completed in all respects must be sent to the Conference Secretariat along with a copy of the bank remittance advice. Bank account details necessary for online payment transfer are given below.

- **Bank Name:** ICICI Bank
- **Name of the Account:** MCI Management India Pvt. Ltd.
- **Account No:** 031405003258
- **IFSC Code:** ICIC0000314
- **Swift Code:** ICICINDBBCTS
- **Branch Address:** 005 A, Unitech Trade Centre, Sector Road, Sushant Lok – 1, Gurgaon 122002, India

B) **If paying by Demand Draft / Cheque:** Please make the demand draft / cheque in favour of **MCI Management India Pvt. Ltd.** payable at New Delhi.

- **DD / Cheque amount:** ____________________________ Dated: ____________________________
- **DD / Cheque number:** ____________________________ Bank name: ____________________________
- **Date:** ____________________________ Signature: ____________________________

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Please return this form by e-mail or mail to:

**Congress Secretariat**

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New Delhi • 110030 • India | Phone +91 (11) 30 42 22 22 | 30727272 • Fax + 91 (11) 30856158
E-mail: med2017@mci-group.com | Website: acpchapterindia2017.com