



7th INTERNATIONAL PATIENT SAFETY CONFERENCE

1-2 December 2017 | JW Marriott Mumbai Sahar | Mumbai | INDIA

REGISTRATION FORM

Name: (Title) Dr / Mr / Ms First name _____ Surname: _____

Email ID: _____ Mobile Number: _____

Designation: _____

Organization: _____

Address: _____

REGISTRATION CATEGORY (Tick appropriate category)

Regular Registration:	INR 5000	Student Registration:	INR 4000
Group Registration for Five:	INR 20000	Foreign National Registration:	USD 500
Pre-Conference Workshop:	INR 2500	Pre-Conference Workshop + IPSC:	INR 6500
Spot Registration (Domestic):	INR 8000	Spot Registration (Foreign):	USD 750

PAYMENT PARTICULARS

Cash / Cheque / DD / Wire Transfer (Transaction Reference No: _____)

Cheque/DD Number: _____ Date: _____ Amount: _____

Name of Bank _____

Signature of the Delegate: _____ Date: _____

Cheque/DD should be in favour of **Apollo Hospitals Enterprise Limited**. Wire Transfer Details:
Apollo Hospitals Enterprise Limited; IDFC Bank, BKC Naman Branch, Mumbai; Account Number – 10001167884; IFSC Code – IDFB0040101

REGISTRATION ACKNOWLEDGEMENT

This is to acknowledge the receipt of payment of Rupees _____

(Cash / Cheque/DD (No : _____) / Wire Transfer (UTR No : _____))

towards registration charges for 7th International Patient Safety Conference 2017 being held on 1-2 December 2017 at JW Marriott Mumbai Sahar, Mumbai, India.

Signature of the Organizer: _____ Date: _____
