



REGISTRATION FORM

36th Annual conference of IAPS and 4th Congress of FAPSS



with WORLD CONGRESS OF PEDIATRIC SURGERY
Hotel Taj Palace | October 21-24, 2010

(This form may be photocopied and the completed form should be sent to secretariat)

For Official Use Only : Reg No./Receipt No. Date of receipt of form: -

Name Designation

Mailing Address

Institution / Affiliation:

City State Country Pin

Tel. No (O) Tel. No. (R) Mobile No.

Email address: Fax No.:

Accompanying Person (s) Name (Spouse, children over 12 years): Name / s:

Registration Fee (In INR); Note: One may register only for the congress or for the Workshop independently.

36 th IAPSCON with World Congress at Hotel Taj Palace, October 21-24, 2010 (Registration includes an Exclusive and Additional Meeting of IAPS on October 21 at ITC Maurya, New Delhi)			
	Until August 31, 2010	From September 1, 2010	Amount
Delegates Fee	12,000	15,000	
Meet the Expert Sessions (each course)*	1,000	1,000	
Accompanying Person	10,000	10,000	
Course on Minimally Invasive Surgery	5000	6000	
Banquet (per person, please specify Nos.)	5,000	5,000	
Post Congress Live Operative Workshop on Hypospadias & DSD at A.I.I.M.S., October 25-26, 2010 (One may Register only for the Workshop independently)			
Delegates / Fellows	5,000	7,000	

* Choose from the list of 6 MES course codes.

MES: 1 Hirschsprung's Disease, MES: 2 Fetal Surgery, MES: 3 Burns in children
MES: 4 Abdominal wall defects, MES: 5 Nuss Procedure for Pectus, MES: 6 Manuscripts for Publication

Mode of Payment:

1. **ONLINE:** WWW.IAPSCON2010.COM (for payment of registration and accommodation)
2. **Demand Draft/ Cheque** : In favour of **World Congress of Pediatric Surgery, New Delhi**. Please add Rs 100/- extra for outstation cheques.
3. **Bank Transfer:** Bank SWIFT transfers of registration fee may also be made. The bank receipt may be forwarded to the conference secretariat for confirmation. The bank details are as follows. **NAME OF THE BANK:** STATE BANK OF INDIA, ANSARI NAGAR, A.I.I.M.S., NEW DELHI, INDIA
ACCOUNT No: 30677753053 **SWIFT CODE:** SBININBB545, **BRANCH CODE** – 1536 **IFSC CODE :** SBIN-0001536
4. **Credit Card with this form** : If you wish to use the credit card, Please authorize the secretariat with following details.
Name of the card Holder.....Card No. with three digit secret code.....
Validity upto Amount to deducted..... Type of the Card (Visa or Master card).....

Date.....

Signature.....

Conference Secretariat

3rd World Congress of Pediatric Surgery.

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