**Cost Effective Use of Technology in e-Healthcare (CEUTEH-2015)**

**&**

**3rd Annual conference of SCEUTH**

**RESIDENTIAL PACKAGE**

**Registration fee + Accommodation (3 nights)**

Last Name:……………………………………………….First Name:…..……………………………………………..

Postal Address:………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………

City:………………………………..Pin code:………………………..State:…………………………………………….

Country:………………....Email(Please mention active Email ID):…………………………………………

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

 (Mandatory): Mobile:……………………………………...Fax:…………………………………………

All Future Communications will be through email and via SMS

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|  Notes: Accommodation includes breakfast and all taxesExtra nights can be booked at RS 3500/night/room Requests should be received by July 1 ,2015In case of twin sharing room I would like to share my room with ……………………………………………………………………. …………………………………………………………………….  | Residential Package (Hotel potala, Green Park, approx. 2 km from venue) * Delegate per person on twin sharing Basis-3nights & 4 days (Rs 11000)
* Delegate on single occupancy basis-3night & 4 days (Rs 13500)
* Delegate + 1 Accompanying Person-3night& 4days (Rs20000)

 Details of all the workshops & conference is available at  http://www.aiims.edu/ceuteh2015/  |
| **Mode of payment:**Bank Transfer (In favor of SCEUTH ,State Bank of India, IFSC CODE –SBIN0001536, A/C- 33343999733) Cheque/DD No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Drawn on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ favoring “SCEUTH”, payable at Delhi.Please send Duly filled registration form along with the DD/Cheque to:**Conference secretariat**Room No 102Department of IT ,1st floor JPN Apex Trauma Centre ,AIIMS, Raj Nagar, New Delhi-110029Ph :9868398634/9868398565 ,01126731124, Email:sceuth@gmail.com |