**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 taxes  Extra nights can be booked at RS 3500/night/room  Requests should be received by July 1 ,2015  In 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 102  Department of IT ,  1st floor JPN Apex Trauma Centre ,AIIMS, Raj Nagar, New Delhi-110029  Ph :9868398634/9868398565 ,01126731124, Email:sceuth@gmail.com | |