

Registration Form

2nd World Conference on MSICS



Comprehensive
Cataract
Conference 2017

(Please fill in all CAPITAL letters)

Delegate

PG Student

Accompanying Delegate

*All PG students must attach a letter / certificate by the HOD

Full Name _____

*please write name as required on badge and certificate

Mobile No. _____ Email Address _____

Medical Council _____ Medical Council Reg. No. _____

Mailing Address Line 1 _____

Mailing Address Line 2 _____

Mailing Address Line 3 _____

City _____ State _____ PIN Code _____

REGISTERING FOR

Conference only package

Conference + Residential Package

SCHEDULE OF FEES

DELEGATE	PG STUDENT	ACCOMPANYING DELEGATE	RESIDENTIAL PACKAGE - SINGLE OCCUPANCY	RESIDENTIAL PACKAGE - TWIN OCCUPANCY	RESIDENTIAL PACKAGE - FAMILY ROOM (DELEGATE+ 1 ACCOMPANYING DELEGATE/ CHILD ABOVE 5 YEARS)
Rs.6,500	Rs.5,500	Rs.5,000	Rs.28,000	Rs.19,100	Rs.38,200

Please Note:

Registration for CCC 2017 is open to Registered Medical Practitioners (Allopathy). Delegate has to be registered with any state medical council or Medical Council of India. Registration of delegates who are not Registered Medical Practitioners with councils mentioned above will be cancelled without any refund. The registry provided on www.mcoindia.org will be considered as final while determining registration status.

RESIDENTIAL PACKAGE DETAILS ON www.ccc2017.in.

Register online at www.ccc2017.in

Signature of the Delegate

Signature of the HOD (For PGs / Fellows)

Date:

Payment to be made by Cheque/ DD in favour of CCC 2017 payable at par in Mumbai

Name of Account : ISMSICS CCC2017

Name of Bank : HDFC Bank

Name of Branch : HDFC Bank, Marve Road, Malad-West, Mumbai, 400064

Account Number : 50200023453318

IFSC Code : HDFC0000047

CCC2017

Conference Secretariat: Medivision Infomedica Pvt. Ltd. 2, Neelkanth Niwas, Purandhare Park,
Dr. Babasaheb Ambedkar Road, Dadar T. T. Circle, Dadar (E), Mumbai- 400014
Phone: +91 22 24103737/ 3838 • info@ccc2017.in