

REGISTRATION FORM
SLEEPCON 2019
DELHI, 19th, 20th & 21st April, 2019
at
INDIA HABITAT CENTRE, NEW DELHI

Prof. Dr. Mr. Ms.

Name _____

(PLEASE FILL IN CAPITAL LETTERS)

Hospital/ Institute: _____ Title/ Position: _____

Mailing address: _____

Contact Nos: (M) _____, Email Address: _____ Edu Qual _____

Registration category

Member (membership number) _____ Non member

Delegate – National/International Post Graduate Technicians

Payment details

Amount	Payment Details
: _____	Cash/ DD No: _____ Date _____
: _____	Drawn on Bank: _____ Branch : _____
	Amount in Words: _____
	Date: _____ Signature _____

Registration fees

Currency: Indian Rupees

Category	Regular Registration		Spot Registration	
	1 st Feb 2019 to 15 th April 2019		16 th April 2019 onwards (only in cash)	
	Workshop	Main conference	Workshop	Main conference
Fellows/Members/	1500	4000	1500	5000
Regular Participants	2000	4500	2000	5500
Student/ Technician	1000	2500	1000	3000

Please note: Registration for workshops are limited & on first come first served basis

Mode of Payment:

DD to be drawn in favor of “**Indian Sleep Disorders Association**” payable at Delhi. Or **Cash**

Please note:

For Late registration & on spot registration only CASH or DD will be accepted

Please write your name and mobile number on the reverse of DD

(2) Net transfer (please note that the **RTGS/NEFT** Ref No issued by your bank is to be forwarded with your name to emails: sleepcon2019@gmail.com and/ or isda1995@gmail.com)

Account details:-

Name of the Account: **INDIAN SLEEP DISORDERS ASSOCIATION**

Bank: **BANK OF BARODA**

Branch Address: **SAFDARJANG HOSPITAL, NEW DELHI – 110029**

Account No: **26400100003204**

IFSC code: BARB0SAFECX (Please note that the fifth letter is “Zero” and not “O”)

Conference Secretariat

Room No: 638, Ward-32, Super Specialty Block – 6th Floor, Department of Pulmonary, Critical Care & Sleep Medicine Safdarjung Hospital, New Delhi – 110029

Email ID: sleepcon2019@gmail.com

Contact number: 011-26766029