



TraumaCare 2010

CTLS Workshop: 4th-5th September 2010

Conference: 6th-8th September 2010

Venue : India Habitat Centre, New Delhi

Organised by Department of Critical Care & Emergency Medicine, Sir Ganga Ram Hospital

Reg. Id :

Registration Form

(For office Use only)

Participant information

Title Dr. Prof. Mr. Ms.

First Name _____

Middle Name _____ Last Name _____

Designation _____

Mailing Address: _____

State / City: _____

Telephone: _____ Country: _____

Please include the country/city codes

Mobile: _____ Fax: _____

Please include the country/city codes

Please include the country/city codes

Email: _____

Passport No. _____ Date of Issue (DD/MM/YYYY) _____

Place of Issue _____ Valid upto (DD/MM/YYYY) _____

Accompanying Person(s)

1. _____ 2. _____

Registration Details

Category	Upto 31 st July 2010	Upto 31 st August 2010	Spot Reg.
CTLS Registration	4500 INR		No spot reg.
ISCCM Member	6500 INR	7500 INR	9000 INR
Non member	7000 INR	8000 INR	10000 INR
Accom. Person	2000 INR	2500 INR	3500 INR
PG Student	4000 INR	4500 INR	4500 INR
SAARC Delegate	7000 INR	8000 INR	10000 INR
Nurses/Paramedic	2500INR	3000INR	3500INR
COMBO (CTLS + Conf)	9000INR	9000INR	-
Foreign Delegate	150 USD	200 USD	300 USD
Foreign Accomp.	50 USD	100 USD	150 USD

Registration Fee

Delegate Category	
CTLS Reg. Fee	
Delegate Reg. Fee	
Accompany 1 Fee	
Accompany 2 Fee	
Total Fee	
*In training attendees (Medical Student, interns, residents and fellows) must provide a written verification on official letter signed by their program director.	
Indian/SAARC [] Student []	
Foreign delegate [] Accom. Person []	

Payment Details

Payment Mode *	<input type="checkbox"/> Bank Transfer	Bank Name	_____
	<input type="checkbox"/> Bank Draft	Bank Address	_____
	<input type="checkbox"/> Credit Card	A/c Number	_____
Demand Draft drawn in favor of " Traumcare 2010 " payable at New Delhi		Swift Code No	_____
Demand Draft No.	_____	Reg. Amount	_____
Issuing bank Name	_____	Receipt No.	_____

Secretariat Address

Dr. B.K. Rao Organising Chairman (TraumaCare 2010) N-1, 202 / 203, Second Floor, BMC House, Middle Circle, Connaught Place, New Delhi - 110001, India.	Phone: +91-11-43548392, Fax : ++91-11-43548391 E-mail: traumacare2010@gmail.com website: http://www.traumacare2010.com
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