



# IAPCON 2018



**25th Annual Conference of Indian Association of Palliative Care**

23rd - 25th February, 2018 | Jawaharlal Auditorium, AIIMS, New Delhi, India

REGISTRATION FORM

Name ..... Gender : M  F

(PLEASE FILL IN CAPITAL LETTERS AS TO APPEAR IN THE CERTIFICATE)

Designation : ..... Department\* : .....

Hospital / Institution : .....

Mailing Address : .....

City..... Pin Code : ..... State : ..... Country : .....

\*E-mail:.....

\* Mobile: ..... \* Tel No Res / Off.....

- Registration Category :**
- |  |  |
|--|--|
| <input type="checkbox"/> Doctors (IAPC members)                                  | <input type="checkbox"/> Doctors (Non members) |
| <input type="checkbox"/> Nurses, Volunteers, Students, Others (IAPC members)     |  |
| <input type="checkbox"/> Nurses, Volunteers, Students, Others (Non IAPC members) |  |
| <input type="checkbox"/> Delegate's companion                                    | <input type="checkbox"/> Workshop              |

**Accompanying Person(s)**

1. .... Age: ..... 2. .... Age : .....

**Kindly tick preferred Workshop\***

1. USG - Guided Pain Management	<input type="checkbox"/>
2. C-ARM Guided Pain Management	<input type="checkbox"/>
3. End of Life Care Workshop	<input type="checkbox"/>
4. Workshop on Safe Use of Opioids	<input type="checkbox"/>

\* First come first serve basis only for 40 delegates for each workshop.

\*Special workshop fee till 30th June, 2017 after that it will be INR 4000.

Registration details	Amount	Payment Details
Conference	: _____	Cheque / DD No. : _____ Date: _____
Workshop	: _____	Drawn on Bank : _____
		Branch : _____
Total	: _____	Amount in words : _____
		Date: _____ Signature _____
<b>Note :</b> Letter from the concerned department HOD is mandatory for all PG students for registration.		<b>Mode of Payment :</b> • At Par Cheque/DD to be drawn in favour of "IAPCON-2018" payable at New Delhi.

Please send the duly filled registration form and DD/Cheque (NEFT/Cash deposit receipt) at the

**Conference Secretariat -**

Room No. 242, Institute Rotary Cancer Hospital, All India Institute of Medical Sciences, New Delhi, India

Website: www.iapcon2018.com Tel: 011-29575209

For Office use only : Receipt :

Date :

Reg No :