Indian Association of Palliative Care

IAPCON 2018

25th Inertnational 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 :

☐ Doctors (IAPC members) ☐ Doctors (Non members)

☐ Nurses, Volunteers, Students, Others (IAPC members)

☐ Nurses, Volunteers, Students, Others (Non IAPC members)

☐ Delegate's companion ☐ Workshop

Accompanying Person(s)

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

Kindly tick preferred Workshop*

1. EPEC India Trainers conference	☐
2. USG Guided Palliative Care Intervention	☐
3. Mindfulness integrated Cognitive behaviour therapy (CBT) in Palliative Care	☐
4. Standard and Audit	☐
5. Opioid Availability	☐
6. Communication	☐
7. Research Methodology	☐
8. Workshop by AYUSH-Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy	☐
9. Workshop on Nursing Issues in Palliative Care	☐
10. Integration of Palliative Care in Pediatric/Neonatal Intensive Care	☐

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

Registration details	**Amount**	**Payment Details**
Conference	: _____	Cheque / DD No. : _____ Date: _____
Workshop	: _____	Drawn on Bank : _____
Total	: _____	Branch : _____
		Amount in words : _____
		Date: Signature
Note : Letter from the concerned department HOD is mandatory for all PG students for registration.		**Mode of Payment :** • 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

Whom to Contact -

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Tel.: 011-29575209

For Office use only : Receipt : Date : Reg No :