

**REGISTRATION FORM**

Module	Please Tick <input checked="" type="checkbox"/>	Before 30-11-2018	Before 15-12-2018	Spot Registration (After 31-12-2018)
(1) Cardiovascular Symposium - January 4-6, 2019 (Including All Symposiums)	<input type="checkbox"/>	<input type="checkbox"/> ` 3000	<input type="checkbox"/> ` 5000	<input type="checkbox"/> ` 6500
(2) Internal Medicine Symposium - January 4, 2019	<input type="checkbox"/>	<input type="checkbox"/> ` 1000	<input type="checkbox"/> ` 1500	<input type="checkbox"/> ` 2000
(3) Oncology Update - January 5-6, 2019	<input type="checkbox"/>	<input type="checkbox"/> ` 2000	<input type="checkbox"/> ` 2500	<input type="checkbox"/> ` 3000
(4) Neuro Symposium - January 6, 2019	<input type="checkbox"/>	<input type="checkbox"/> ` 1500	<input type="checkbox"/> ` 2000	<input type="checkbox"/> ` 2500
(5) Endocrinology Symposium - January 6, 2019	<input type="checkbox"/>	<input type="checkbox"/> ` 1000	<input type="checkbox"/> ` 1500	<input type="checkbox"/> ` 2000
(6) Cardiovascular High Risk Pregnancy - OB Symposium - January 6, 2019	<input type="checkbox"/>	<input type="checkbox"/> ` 1500	<input type="checkbox"/> ` 2000	<input type="checkbox"/> ` 2500
(7) Critical Care in Chronically ill Symposium - January 6, 2019	<input type="checkbox"/>	<input type="checkbox"/> ` 500	<input type="checkbox"/> ` 1000	<input type="checkbox"/> ` 1500
** Deposit for Hotel Accommodation (Separate cheque)	<input type="checkbox"/>	<input type="checkbox"/> ` 5000	<input type="checkbox"/> ` 5000	<input type="checkbox"/> ` 5000
For students doing MD (Medicine) with proof	<input type="checkbox"/>	<input type="checkbox"/> ` 1000	<input type="checkbox"/> ` 1500	<input type="checkbox"/> ` 2000
Spouse Hotel Registration (Non-refundable)	<input type="checkbox"/>	<input type="checkbox"/> ` 5000	<input type="checkbox"/> ` 5000	<input type="checkbox"/> ` 5000
Member of American Association of Physicians of Indian Origin (AAPI)	<input type="checkbox"/>	<input type="checkbox"/> \$ 200	<input type="checkbox"/> \$ 200	<input type="checkbox"/> \$ 300
Foreign Delegates	<input type="checkbox"/>	<input type="checkbox"/> \$ 400	<input type="checkbox"/> \$ 500	<input type="checkbox"/> \$ 600
In case of cancellation		25 %	50 %	100 %

PLEASE NOTE THAT IT IS MANDATORY TO PROVIDE ALL THE INFORMATION. PLEASE FILL IN CAPITAL LETTERS

Full Name: \_\_\_\_\_  
 Qualification : \_\_\_\_\_ Speciality : \_\_\_\_\_  
 Resi. Address : \_\_\_\_\_  
 \_\_\_\_\_ City: \_\_\_\_\_  
 Pin Code : \_\_\_\_\_ Email : \_\_\_\_\_  
 Phone (STD code) : \_\_\_\_\_ Mobile : \_\_\_\_\_ | \_\_\_\_\_

Cheque or DD's to be made A/C payee and in the name of 'CIMS Hospital Pvt. Ltd.' Kindly mail the cheque/DD to our office.  
 All Cash Payments are to be made at 'CIMS Hospital, Ahmedabad' only.

\*\* Hotel Accommodation is optional. If you have applied for accommodation, please send a separate deposit cheque of ` 5000 to cover the cost of your stay for two nights. Spouse hotel registration will be charged extra. Students also need to pay for Hotel Accommodation at the same rate.



**JIC 2020**  
Joint International Conference  
January 3-5, 2020



Conference Secretariat  
 CIMS Hospital, Off Science City Road, Sola, Ahmedabad-380060  
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