



78th Annual National Conference of  
The Association of Surgeons of India  
**ASICON 2018 CHENNAI**



**THEME : SURGICAL EXCELLENCE**

**December, 2018** | Venue : Chennai Trade Centre, Convention Centre, Nandhambakkam

**Organized by : ASI CHENNAI CITY BRANCH**

**REGISTRATION FORM**

(PLEASE FILL IN CAPITAL LETTERS)

Title\*:  Dr.  Prof.  Mr.  Ms.  Mrs.

Full Name\*: .....

Date of Birth: ..... Gender\*:  Male  Female Nationality: .....

Institution: ..... Designation: .....

Address: .....

City\*: ..... Pin: ..... State: ..... Country: .....

Mobile\* ..... Email\*: .....

ASI Member\*: Yes  No  ASI Membership No.: ..... State Medical Council No.: .....

**Accompanying Person(s) Details**

\* Mandatory field

1. Full Name..... Age.....

2. Full Name..... Age.....

3. Full Name..... Age.....

Food Preference:  Veg  Non Veg  Jain

Registration Category:  ASI Member / SAARC  Non-Member  PG Student\*\*  Foreign Delegate  
 Accompanying Person  Pre-conference Workshop  Banquet

**REGISTRATION FEE DETAILS:**

Category	Upto 31st March 2018	Upto 15st June 18	Upto 31st Aug 18	Upto 31st Nov 18	On the Spot
ASI Member & SAARC	Rs. 5500/-	Rs. 6500/-	Rs. 8000/-	Rs. 9000/-	Rs. 12000/-
Non.Member	Rs. 6500/-	Rs. 7500/-	Rs. 9000/-	Rs. 10000/-	Rs. 13000/-
PG Student**	Rs. 3500/-	Rs. 4000/-	Rs. 5000/-	Rs. 6000/-	Rs. 7000/-
Foreign Delegate	USD 250	USD 300	USD 350	USD 400	USD 450
Accompanying Person	Rs. 3500/-	Rs. 4500/-	Rs. 6000/-	Rs. 6500/-	Rs. 7000/-
Pre-Conference Workshop	Rs. 2000/-	Rs. 2500/-	Rs. 3000/-	Rs. 3500/-	Rs. 4000/-
Banquet	Rs. 2000/-	Rs. 2500/-	Rs. 3000/-	Rs. 3500/-	Rs. 4000/-

\*\*PG Students should furnish bonafide certificate / letter duly signed by the Head of the Department on Institution Letterhead.

Amount Paid: Rs. \_\_\_\_\_ Mode of Payment: Cash/Card/DD/Cheque/Online (Tick appropriate as applicable)

DD/Cheque/Bank Transfer Transaction No.: \_\_\_\_\_ Drawn on \_\_\_\_\_

(DD/Cheque should be in favour of **ASICON 2018 Chennai**, payable at Chennai).

**Registration Guidelines :**

- Accompanying persons and children are not allowed inside the scientific session.
- Children above 5 years of age have to be registered as accompanying persons.
- Children below 5 years of age have to be registered (free of charge) for logistics and security reasons.
- Organising Committee is not liable in any form in case of change in dates due to unavoidable circumstances
- Cancellation Policy : According to rules and regulations
- Please produce your registration no./ Confirmation letter / payment receipt at the registration counter.
- Please ensure to wear registration badge (bar-coded) throughout the conference.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Registration Fee includes :**

- Entry to Inaugural Ceremony, all Conference Sessions & Trade Exhibitions
- Lunch on all conference days & Inaugural Dinner
- Conference Kit (for Spot Registration - subject to availability)
- Conference Badge

**Please Submit the duly filled form to Conference Secretariat :**

**Dr. K. Vinayak Senthil,**  
Organising Secretary  
Conference Secretariat  
**SPEED HOSPITALS,**  
No.527, Poonamallee High Road, Arumbakkam, Chennai - 600106, Tamil Nadu  
Contact : 98400 44686, 9500181999  
Email : asicon2018@gmail.com Website : www.asicon2018chennai.com

**BANK DETAILS FOR NEFT / RTGS**

Bank : Karur Vysya Bank (KVB) | A/c No.: 128913500009113  
Branch : Arumbakkam | IFSC Code : KVBL0001289  
Branch Code : 001289 | MICR Code : 600053053  
A/c Name : ASICON2018Chennai

For Office

Receipt No. \_\_\_\_\_

Reg No. \_\_\_\_\_

Date \_\_\_\_\_