

Designation: ____



Registration Form



First National Nursing Conference

"Excellence in Oncology Nursing"
Enriching Life: A Comprehensive Approach

Venue: Hotel Crowne Plaza, Rohini, New Delhi | Date: 10th and 11th January 2019

Name:

Name & Address of Institution:

Mobile No.: E-mail ID:

Registration Fee	:			
Categoi	ry	Last Date	Nurses Fee	Students Fee
Early Bird Reg	-	1 st December 2018	₹ 1500	₹1000
Normal Registration		31st December 2018	₹ 2000	₹1500
Spot Registration		-	₹ 2500	₹ 2000
Get Attractive Discounts for Group Registration (10 or More) Up to ₹ 2000/- in Early Bird Registration Category and Up to ₹ 5000/- in Normal Registration Category.				
Mode of Paymer	nt			
Bank Details for Fund Transfer				
Bank	Axis Bank Ltd.			
Branch	Rohini West, Delhi -110085			
Account Name	Indraprasth	na Cancer Society and Rese	arch Centre	
Account Number	lumber 431010100077622			
IFSC Code	UTIB00004	131		
Details of Transfer				
Details for Demand Draft				
DD to be made in favor of "Indraprastha Cancer Society and Research Centre" payable				
at Delhi.		•		. ,
DD No.:		Bank Name:		
Dated: Signature of Delegate:				