

**CONFERENCE REGISTRATION FORM**

Name of the Delegate _____

Organization/Institution _____

Designation _____

Address _____

City _____ State _____ Pin Code _____

Country _____ Email _____

Telephone/Mobile _____

MCI Reg. No & State Medical Council (If Applicable) _____

CATEGORY OF REGISTRATION

Registration Type	Early Bird Registration Upto May 31st, 2016	From 1st June 2016 Upto 15th November 2016	Spot Registration Fess	Selection
BioGenesis Health Cluster Members	INR 3500	INR 4500	INR 6000	<input type="checkbox"/>
Faculty / Medical Practitioners / General Category	INR 5000	INR 6000	INR 6500	<input type="checkbox"/>
Research Scholars & Post doctoral fellows	INR 4500	INR 5500	INR 5500	<input type="checkbox"/>
Students (UG & PG)	INR 3500	INR 4500	INR 5000	<input type="checkbox"/>
Industry Participant	INR 10000	INR 11000	INR 14000	<input type="checkbox"/>

HOTEL RESERVATION FOR NATIONAL DELEGATES:**SINGLE OCCUPANCY**

Occupancy	Budget Hotel	3 Star Accommodation	5 Star Accommodation
1 Night Stay <input type="checkbox"/>	1500/- <input type="checkbox"/>	3500/- <input type="checkbox"/>	6500/- <input type="checkbox"/>
2 Night Stay <input type="checkbox"/>	3000/- <input type="checkbox"/>	7000/- <input type="checkbox"/>	13000/- <input type="checkbox"/>
3 Night Stay <input type="checkbox"/>	4500/- <input type="checkbox"/>	10500/- <input type="checkbox"/>	19500/- <input type="checkbox"/>
4 Night Stay <input type="checkbox"/>	6000/- <input type="checkbox"/>	14000/- <input type="checkbox"/>	26000/- <input type="checkbox"/>

DOUBLE OCCUPANCY

Occupancy	Budget Hotel	3 Star Accommodation	5 Star Accommodation
1 Night Stay <input type="checkbox"/>	2500/- <input type="checkbox"/>	4500/- <input type="checkbox"/>	7500/- <input type="checkbox"/>
2 Night Stay <input type="checkbox"/>	5000/- <input type="checkbox"/>	9000/- <input type="checkbox"/>	15000/- <input type="checkbox"/>
3 Night Stay <input type="checkbox"/>	7500/- <input type="checkbox"/>	13500/- <input type="checkbox"/>	22500/- <input type="checkbox"/>
4 Night Stay <input type="checkbox"/>	10000/- <input type="checkbox"/>	18000/- <input type="checkbox"/>	30000/- <input type="checkbox"/>

Payment Details :

Cheque/DD No. _____ Date _____ Branch Name & Branch _____ Amount _____

Note: All Payments- Cheque/DD has to be Drawn in Favor of "BIOGENESIS HEALTH CLUSTER" Payable at Hyderabad

Name of the Account: BioGenesis Health Cluster Nature of Account: Current Account Account Number:

009783800003889 Bank & Branch: Yes Bank, Secunderabad IFSC CODE: YESB0000097

Please send duly filled registration form to the following address mentioned below :

H.No. 362, 2nd Floor, 11th Cross, 4th Main, 2nd Block, R.T. Nagar, Bengaluru - 560 032. INDIA

T : +91-80-23330019 | F : +91-80-23330058

RSVP: Ms. Radhika - M: 09886327807