

### CONFERENCE REGISTRATION FORM

Name of the Delegate \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email \_\_\_\_\_

Institution \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pin Code: \_\_\_\_\_ Country \_\_\_\_\_

### REGISTRATION FEES

Registration Type	Early Bird Registration	Regular Registration Upto 10th July	Late Registration upto 20th Aug.	Spot Registration Fee	✓
General Category/Faculty/Medical Practitioners / Others	INR 5000	INR 5500	INR 6000	INR 7000	<input type="checkbox"/>
Research Scholars & Post-doctoral fellows	INR 4000	INR 4500	INR 5000	INR 6000	<input type="checkbox"/>
Students (UP & PG)	INR 3000	INR 3500	INR 4000	INR 5000	<input type="checkbox"/>
Industry Participant	INR 10000	INR 11000	INR 12000	INR 14000	<input type="checkbox"/>

ACCOMODATION DETAILS FOR NATIONAL DELEGATES			
Single Occupancy			
Single Occupancy	Budget Hotel	3-Star	5-Star
1 Night Stay	INR 1500	INR 3500	INR 6500
2 Night Stay	INR 3000	INR 7000	INR 13000
3 Night Stay	INR 4500	INR 10500	INR 19500
4 Night Stay	INR 6000	INR 14000	INR 26000
Double Occupancy			
1 Night Stay	INR 2500	INR 4500	INR 7500
2 Night Stay	INR 5000	INR 9000	INR 15000
3 Night Stay	INR 7500	INR 13500	INR 22500
4 Night Stay	INR 10000	INR 18000	INR 30000

FILL YOUR ACCOMODATION DETAILS	
Booking on Name: _____	
Email Id: _____ Mobile No. _____	
Hotel Type : <input type="checkbox"/> Budget <input type="checkbox"/> 3-Star <input type="checkbox"/> 5-Star	
Occupancy : <input type="checkbox"/> Single <input type="checkbox"/> Double No. of Night: _____	
Check-in-Date: _____ Check-out-Date: _____	

Bank Name & Branch: \_\_\_\_\_ Amount (INR): \_\_\_\_\_

DD / Cheques / Transaction No. \_\_\_\_\_

#### MODES OF PAYMENT:

By Bank Transfer, DD / Cheques: In case of payment by DD/ Cheques; send DD/ Cheques in favor of:

Name of the Account	BioGenesis Health Cluster
Nature of the Account	Current Account
Account Number	009783800003889
Bank & Branch	Yes Bank, Secunderabad
IFSC CODE	YESB0000097

Please Note: All cheques/DD has to be drawn in Favour of "BIOGENESIS HEALTH CLUSTER" payable at "Bangalore" only.

In case of Bank Transfer from branch; please make sure that your full name is clearly stated on the bank receipt (Bank Transfer without name will not be processed)

To confirm Registration, please send a copy of receipt and registration form by email or courier to office addresses mentioned below.

#### BioGenesis Health Cluster

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