

## REGISTRATION FORM

Please complete in CAPITAL letters only

Title :  Prof.  Dr.  Mr.  Ms.  
 Gender :  Male  Female  
 Category :  Delegate  PG Student

Attendee's Name : .....  
(will appear on conference badge & certificate)

Designation : ..... Institute : .....

Address : .....

City : ..... State : ..... Country : ..... Zip Code : .....

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

\*It is important that you provide an e-mail & mobile number so that future communications can be sent to you via SMS/e-mail.

### REGISTRATION & ACCOMMODATION DETAILS

Category	Early Bird 15 <sup>th</sup> Feb. 2018	Regular	On Spot
ISPID Member	3000	5000	8000
Non-Member	4000	6000	10000
PG Student	2000	3000	4000
Accompanying Person	2000	3000	5000
Medical Technicians/ Research Scholars	1500	2000	3000

\*PG Student must send a recommendation letter from their Institute Head of Department.

### MODE OF PAYMENT

**Mode of payment:** Bank Draft/Cheque, in favor of 'Indian Society for Primary Immune Deficiency' payable at Chandigarh and send to below address.

#### Postal address:

Room No. 19, 4th Floor Research Block-A, Postgraduate Institute of Medical Education and Research, Sector-12, Chandigarh-160012 **Phone:** +9172 2755197

DD/Ch. No.: ..... Amount : ..... Dated : ..... Bank : .....

#### For online transfer:

**A/C No.:** 31470440398, **Name of the A/C:** Indian Society for Primary Immune Deficiency

**IFSC Code:** SBIN0001524, **SWIFT Code:** SBININBB443, **MICR Code:** 160002007

**Branch:** State Bank of India, Medical Institute Branch, Sector-12, Chandigarh, India.

Please send duly filled registration form (scanned copy) mentioning online transaction Id to [ispid.contact@gmail.com](mailto:ispid.contact@gmail.com).

Transaction No. : ..... Name of Bank : .....

Account No. : ..... Total Amount : ..... Transaction Date : .....

#### Note:

- In case of Bank Transfers kindly email your transfer details along with registration form.
- Charges incurred for bank transfer & DD will be borne by payee.
- Conference organizers are not responsible for postal delays/failure of delivery by post or failure of electronic communication.

### Centre for Rare Disease

3<sup>rd</sup> Floor, Near Ward # 8, J K Lone Hospital (SPMCHI), Trimurti Circle, JLN Marg, Jaipur-302004

#### Contact:

Dr Manisha Goyal: 9783291111, Dr. Manish Sharma: 9829300541, Dr. Ashok Gupta: 9829017060

**Email:** [pidcon2018@gmail.com](mailto:pidcon2018@gmail.com) | **Website:** [www.pidcon2018.com](http://www.pidcon2018.com)