



TNASICON-2019

TIRUNELVELI-COURTALLAM

SURGE'N' SHINE

Website: www.tnasicon2019.com E-mail: tnasicon2019@gmail.com

08th-11th AUGUST, 2019



ORGANIZED BY : ASI TIRUNELVELI 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

Registration Category: ASI Member Non-Member PG Student

Accompanying Person Pre-conference Workshop Banquet

REGISTRATION FEE DETAILS

Category	Upto 30/6/19	Spot
ASI Member	Rs. 5,500	Rs. 6,000
Non - Member	Rs. 6,000	Rs. 6,500
PG Student*	Rs. 3,500	Rs. 4,000
Accompanying Person	Rs. 3,250	Rs. 3,500
Pre-Conference Workshop	Rs. 1,000	Rs. 1,500
Banquet	Rs. 750	Rs. 1,000

*PG Students should furnish bonafide certificate / letter duly signed by the Head of Department

** One accompanying person free for early bird registration

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

DD/cheque Book Transfer Transaction No.: Drawn on:

(DD/Cheque should be in favour of TNASICON 2019 payable at TISAYANVILAI.

Registration Guidelines

- Accompanying persons and children are not allowed inside the scientific session.
- Children above 5 years of age have to register as accompanying persons.
- Children below 5 years of age have to register (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)through the conference.

Please Submit the duly filled form to Conference Secretariat ;

Dr. Alex Edwards,
Organising Secretary,
Conference Secretariat, Dept. of Gen.Surgery,
Tirunelveli Medical College Hospital, Tirunelveli. Tamilnadu-627 011.
Cell: 9843010872, 9443391031

Date: _____ Signature _____

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

ACCOUNT DETAILS :
Name of the Account : TNASICON2019
Account no. : 0301000000S2019
Bank : Tamilnad Mercantile Bank Ltd.
Branch : Tisaiyanvilai
IFSC Code : TMBL0000030

For Office

Receipt No.:

Reg. No.:

Date: