

# REGISTRATION FORM VACCIODICON 2017

(3<sup>rd</sup> Vaccinology Conference of IAP Odisha)

At: Hotel Kalinga Ashok, Bhubaneswar, On 10<sup>th</sup> Sept 2017

Org. by; IAP Odisha State Branch



Receipt No. ....

Date .....

IAP, Membership No. ....

\*PG Student

Non IAP Member

Name: - .....

Hospital / Institute: - .....

Designation: - .....

Mailing Address: - .....

City: - .....P.O./P.S .....

District .....Sate :- ..... Pin Code: - .....

Phone (STD Code) .....(R) ..... (O) .....

Mobile: - ..... E-mail Id: - .....

Accompanying Delegate Names 1. ....

2. ....

\*Delegate Fees: Rs. .... Accompanying Delegate, Fees: Rs. ....

Accommodation: Rs. .... Total: Rs. ....

## **Mode of Payment:**

**D.D. / Cheque should be infavour of IAP, Orissa State Branch and Payable at Bhubaneswar.**

**Bank A/C Details – SBI, Fortune Towers Branch, Chandrasekhar Pur, Bhubaneswar.**

**Savings A/c No – 30017439559, IFSC Code; SBIN 0004414**

D.D. / Cheque No. .... Date ..... Bank .....

(Signature of Delegate)

*\*Certificate from HOD required to be attached with this form in case of PG Students.*

Up to 30<sup>th</sup> Aug, 2017

From 1<sup>st</sup> Sept 2017 onwards...

<b>IAP Members</b>	<b>Rs.1, 000.00</b>	<b>Rs. 1,500.00</b>
<b>Non IAP Member</b>	<b>Rs. 1, 500.00</b>	<b>Rs. 2,000.00</b>
<b>Accompanying Person</b>	<b>Rs. 800.00</b>	<b>Rs. 1,000.00</b>
<b>*PG Student</b>	<b>Rs. 800.00</b>	<b>Rs. 1,000.00</b>

**Conference Secretariat:**

**Org. Secretary, VACCIODICON - 2017**

**IAP-IMA House, behind Capital Hospital, Unit – 6, Bhubaneswar – 751001, Odisha.**

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