



**26th International Conference of
Indian Association of Palliative Care
8,9,10 February 2019**

AELI Hills, Keezhmadu
Thottumugham, Aluva 683105
iapconkochi2019@gmail.com
www.iapconkochi2019.com

DELEGATE REGISTRATION FORM

*Name

(Please fill up in block capital letters; Initials after name)

IAPC Life Membership : Yes No *If yes, Membership No.

Passport No. Validity

(For foreign delegate)

Designation

Mailing Address

City PIN

State..... Country

*E-mail

*Mobile

- Category:**
- Doctors (IAPC Members). Membership No.
 - Doctors (Non - IAPC Members)
 - Nurses, Volunteers, Students, Others (IAPC Members). Membership No.
 - Nurses, Volunteers, Students, Others (Non-IAPC Members)
 - Delegate's Companion
 - Accompanying person

*Mandatory

Companion's Name (1)

Companion's Name (2)

Companion's Name (3)

(Please fill up in block capital letters; Initials after name)

(For foreign delegate Passport details may be mentioned)

Accompanying Person's Name (1)

Accompanying Person's Name (2)

Payment Details: Cash

Money Transfer

Others

Amount Rs.

In words:

Cheque / DD No.....Date..... Bank

Date Signature

Note: Letter from the concerned department head is mandatory for all students for registration. Please send the duly filled registration form and DD/Cheque (NEFT/Cash deposit receipt) to the Conference Secretariat: **No. 8, First Floor, Anwar Memorial Pain and Palliative Care Clinic, Santhosh Lane, Purna Nagar, Aluva-683 101.**

Whom to contact:

K.Radhakrishna Menon, Mob: +91 9446000332, +91 8848703774, palliaclub@gmail.com

Mujeeb Kuttamassery, Mob: +91 9846068962, mujeebkuttamassery@gmail.com

For office use only:

Receipt No.

Date

Registration No.

Remarks: