



REGISTRATION FORM

Registration Details

Member Non Member PG Student *(Please tick as appropriate)

Membership No. (If Applicable) _____

Full Name _____

*(As required on certificate & badge)

Gender - Male Female

Medical Council _____ MCI/MMC Reg No _____

Address _____

City _____ State _____ Pin Code _____ Country _____

Email _____ Mobile No _____

* PG Students should submit a bona fide certificate from the Head of the department/Institution along with the registration form.

Accompanying Delegate Details

No. of Accompanying Delegate (s) _____

Full Name _____ Age [] Gender: M [] F []

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Schedule of Fees

Category	Last Date	Member	Non-Member	Accompanying Delegate	PG Student
Regular	1st July, 2019	₹ 16,000 /-	₹ 18,000 /-	₹ 14,000 /-	₹ 6,000 /-
Late	30th Sept, 2019	₹ 18,000 /-	₹ 20,000 /-	₹ 16,000 /-	₹ 7,000 /-
Spot	18th Oct, 2019	₹ 20,000 /-	₹ 23,000 /-	₹ 17,000 /-	₹ 8,000 /-

Payment Details

Amount Paid for - Delegate ₹ _____ Accompanying Delegate ₹ _____ Total Paid ₹ _____

Billing Name _____ GST No. (if applicable) _____

Payment Mode: Cheque DD Cheque/DD No. _____ Dated _____

*PAYMENT TO BE MADE BY CHEQUE/DD IN FAVOUR OF "PHYSICIANS ASSOCIATION OF NAVI MUMBAI"

Date _____

Signature _____

Notes

- Above cost is inclusive of Goods & Services Tax
- This registration form/fee is non-transferable as per MAPCON 2019 committee guidelines
- Delegates are requested to present their valid govt. ID card at the registration counter on the day of the event
- For refund policies please visit our website www.mapcon2019.com