**REGISTRATION FORM**

**DELEGATE DETAILS** [PLEASE FILL IN **CAPITAL LETTERS**]

[ ] Mr. [ ] Mrs. [ ] Ms. [ ] Dr. [ ] Prof.

First Name: ........................................ Middle Name: ..................................... Last Name: .............................................

Name to appear on Badge & Certificate: ..........................................................................................................................

Membership Number: ..................................................................................................... Sex: [ ] Male [ ] Female

Address: .............................................................................................................................................................................

City: ...................................................... State: .................................................. Pin Code: ................................................

Phone: ......................................... Mobile: ............................................ Email: .................................................................

Organisation / Institute: ....................................................................................................................................................

Meal Preference: [ ] Vegetarian [ ] Non-Vegetarian Abstract submitted: [ ] Yes [ ] No

#### Transaction Details

#### DD no.: ........................................ Dated: ........................................... Bank and branch: …………………………………………… .................................................................................................. Amount in words : ……………………………..........................

#### ……………………………………………………………………………………………………………………………………………………………………………………..

#### Or

NEFT/RTGS transaction no. ....................................................... Date of transaction ........................................................

Bank and branch ...............................................................................................................................................................

**Payment details (NEFT/RTGS):**

Demand Draft in favour of Director, Sri Jayadeva Institute of Cardiovascular Sciences and Research, payable at Bangalore (**Account name**: TCRS 2019)

Or

Make NEFT/RTGS payment in favour of “Translational Cardiovascular Research Symposium 2019”

**Bank name**: Canara bank, Jayadeva branch  **Account number**: 8414101005250 **IFSC code**: CNRB0008414

**REGISTRATION DETAILS**

|  |  |  |
| --- | --- | --- |
| Category | Till 31st January 2019 | Spot Registration |
| Indian Faculty  Indian Student\*\* | INR 4,500 | INR 5,000 |
| INR 3,000 | INR 3,500 |
| Foreign Faculty  Foreign Student\*\* | USD 200 | USD 250 |
| USD 125 | USD 175 |
| Academy members (10% discount)  Faculty  Student\*\* |  | |
| INR 4,050 | INR 4,500 |
| INR 2,700 | INR 3,150 |
| Accompanying person\* | INR 1,500 | |
| Council members | Free | |

#### Note

#### \*Accompanying persons will not have access to the Scientific Halls \*\*Students must submit certificate from HOD/Institute

#### Registration Package Includes

* + Lunch on February 15th, 16th, 17th 2019
  + Inaugural Dinner on 15th February 2019
  + Banquet Dinner on 16th February 2019
  + Fee is inclusive of Taxes

Please fill in the registration form and send in the scanned document to [iacs.regn.blr19@gmail.com](mailto:iacs.regn.blr19@gmail.com) **before 31st December 2018**

Last date for abstract submission is extended till **20th December 2018 .** Send in the abstract to [iacs.abst.blr19@gmail.com](mailto:iacs.abst.blr19@gmail.com)