



# IASSACON 2019



7th Annual Conference of Indian Association of Surgeons for Sleep Apnoea  
**29th - 31st March, 2019 | PGIMER, Chandigarh**

Name ..... Gender : M  F

(PLEASE FILL IN CAPITAL LETTERS AS TO APPEAR IN THE CERTIFICATE)

Designation : ..... Department\* : .....

Hospital / Institution : .....

Mailing Address : .....

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

Email:.....

Mobile: ..... Tel No Res / Off.....

IASSA Membership No. ....

### Registration Fees :

Category	Early Bird Till 31st Oct 2018	1st Nov - 31st Dec 2018	1st Jan 2019 - 15th Mar 2019	Spot & Registrations after 15th Mar 2019
<input type="checkbox"/> IASSA Members	INR 5,900	INR 7,080	INR 8,260	INR 9,440
<input type="checkbox"/> Non IASSA Members	INR 7,080	INR 8,260	INR 9,440	INR 11,800
<input type="checkbox"/> Foreign Delegates	USD 120	USD 180	USD 240	USD 250
<input type="checkbox"/> Residents*	INR 3,540	INR 4,720	INR 5,900	INR 7,080
<input type="checkbox"/> Spouse / Accompanying Person	INR 3,000	INR 3,000	INR 4,200	INR 4,200

**Note:** • The above Registration fee is inclusive of GST @18% • \*Required to submit bonafide certificate from the HOD.

### Account Details :

Account Name	IASSACON2019
Account Number	37943898258
NEFT / IFSC Code	SBIN0001524
Bank Name	State bank of India
Bank Address	Medical institute Branch, Sector 12, Chandigarh
SWIFT Code	SBININBB443

### Mode of Payments :

At Par Cheque/DD to be drawn in favour of "IASSACON2019" payable at Chandigarh.

### For Office use only :

Receipt :

Date :

Reg No :

### Payment Details:

Cheque / DD No.: \_\_\_\_\_ Date: \_\_\_\_\_

Drawn on Bank: \_\_\_\_\_

Branch: \_\_\_\_\_

Amount in words: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please send the duly filled registration form and DD/Cheque (NEFT/Cash deposit receipt) at the

### Conference Secretariat:

Department of Otolaryngology and Head Neck Surgery

5th Floor, B Block, Nehru Hospital, PGIMER, Sector 12, Chandigarh-160012

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