

REGISTRATION CHARGES

	By 30 October 08	By 15 December 08	SPOT
Delegate HIS members	Rs 2000	Rs 2300	Rs 2500
Non HIS members	Rs 2200	Rs 2500	Rs 2500
P.G. Students	Rs 1500	Rs 1800	Rs 2000
Associate Delegates	Rs 1500	Rs 1800	Rs 2000
Nurses / CSSD personnel	Rs 1500	Rs 1800	Rs 2000
Pre Conference Workshops	Rs 800	Rs 1000	-----

Tenth National Conference of the Hospital Infection Society of India
Hosted by the Hospital Infection Society, Pune Forum

22 to 25 January 2009

REGISTRATION FORM

(To be completed in capital letters only)

FULL NAME _____
 (As you would like on the certificate)

MAILING ADDRESS

_____ (CITY) (STATE)

_____ (COUNTRY) (POSTAL CODE)

_____ (TEL.NO.OFFICE) (TEL.NO.RES)

_____ (MOBILE NO.) (E-MAIL ID)

CATEGORY: POST GRADUATE DELEGATE ASSOC. DELEGATE
 (Post Graduates / Residents have to furnish proof from Head of Dept)

ASSOCIATE DELEGATES: 1)

2)

REGISTRATION FEES:

Pre Conf Workshop _____

Conference _____

Total _____

D.D. No. _____

All payments to be made by DD in favour of "HISICON 2009 PUNE" payable at Pune
Refund policy:

- 1) All cancellations have to be intimated in writing to the conference secretariat with all details of payments. Oral / telephonic / SMS cancellations will not be valid.
- 2) Cancellations made on or before 15 Dec 2008 will be entertained. Refund of 75% of the payments made will be made after Feb 2009.
- 3) No refund will be made for cancellations after 15 Dec 2008