

# COMPREHENSIVE INTERVENTIONAL PAIN MANAGEMENT WORKSHOP

## CIPM-XIV

18<sup>th</sup> - 21<sup>st</sup> April 2019

Venue: D. Y. Patil MEDICAL COLLEGE, Nerul, Navi Mumbai

### Registration Form

Name: Dr \_\_\_\_\_

Designation: \_\_\_\_\_ Name of the institution: \_\_\_\_\_

Address for communication - \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### **Registration Fees Details**

##### **Conference with workshop – (18<sup>th</sup>-21<sup>st</sup> April 2019)**

CATEGORY	BEFORE 15 <sup>TH</sup> March	BEFORE 10 <sup>TH</sup> April	AFTER 10 <sup>th</sup> April
INDIAN	30000 INR	35000 INR	40000 INR
INTERNATIONAL	800 USD	1000 USD	1200 USD

##### **Only Conference (Only for Indian Delegates) – (18<sup>th</sup>-19<sup>th</sup> April 2019)**

CATEGORY	BEFORE 15 <sup>TH</sup> March	BEFORE 10 <sup>TH</sup> April	AFTER 10 <sup>th</sup> April
INDIAN	8000 INR	10000 INR	12000 INR
INTERNATIONAL	300 USD	400 USD	600 USD

**Mode of payment:** NEFT TRANSFER / Cheque / Demand draft

Amount -

Cash / Cheque / DD No./Bank details/Date \_\_\_\_\_

NEFT Receipt/UTIR No – Send us by email

#### **Bank Details –**

Account Number – 000412100061498

Payee Name - *Pain Clinic Of India Pvt. Ltd. Conference account*

Branch -The Bharat Cooperative Bank (Mumbai) Ltd., Near Ambedkar Garden, Chembur East, Mumbai-400071,

IFSC Code - **BCBM0000005** SWIFT Code – **BCBMLNBB**

**Address - Dr. Kailash Kothari**, Pain clinic of India, 1/1, Kandhari Colony, Rd. no.2, Opposite Hotel Orchids, Chembur East, Mumbai- 400071

Date:.....

Signature:.....

Phone - +91 9820027500 / +91-9320027500

**Website - [www.painclinicofindia.com](http://www.painclinicofindia.com) Email: [cipmindia@gmail.com](mailto:cipmindia@gmail.com)**