**COMPREHENSIVE INTERVENTIONALPAIN MANAGEMENT WORKSHOP 18**
**CIPM-XVIII**

# 11st -14th sept 2025

## Venue: MGM MEDICAL COLLEGE, Kamothe, Navi Mumbai

## Registration Form

Name: Dr_____

Designation: _____Name of the institution:_____

Address for communication - _____

_____

Mobile: _____ E-mail: _____

**Registration Fees Details**

| CATAGORY | UPTO 15TH JUNE | 16TH JUNE – 31ST JULY | 1TH – 31ST AUGUST | 1ST SEPT ONWARDS |
|---|---|---|---|---|
| INDIAN AND SAARC | INR 41300 | INR 47200 | INR 53100 | INR 59000 |
| STUDENT | INR 29500 | INR 30000 | INR 41300 | INR 47200 |
| INTERNATIONAL (OTHER THAN SAARC) | USD 900 | USD 950 | USD 1000 | USD 1200 |

**Mode of payment:** NEFT TRANSFER / Bank direct wire transfer

Amount -

Payment details/Date_____

NEFT Reciept/UTIR No –

***Bank Details* –**

ACCOUNT NAME – EASZO SOLUTIONS
ACC NO – 0546111864
BANK – KOTAK MAHINDRA BANK LTD
ADDRESS – INDIRA APARTMENT GOVANDI COOP HOUSING SOCIETY, MUMBAI MAHARASHTRA INDIA – 400088
ISFC CODE – KKBK0001466
SWIFT CODE - KKBKINBB

Date:…… Signature:…….

**Phone - +91-9320027500 / 9022888333**

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