



REGISTRATION FORM

(Please fill all details in Capital Alphabets)



11th National CME of IAP - ID Chapter

A VIBRANT move ahead...

Organised by Academy of Pediatrics, Rajkot

A] Details of Delegate

Name _____ Age _____ Sex _____

Qualification _____

Residential Address _____

_____ Pin code _____

Address for Correspondence _____

_____ Pin code _____

Land line No _____ Mobile No. _____ Email _____

IAP Member : Yes / No _____ IAP No. _____

B] Details of Accompanying person (if any)

Name _____ Age _____ Sex _____

C] Fee Structure

	Before 31/3/2013	Before 30/4/2013	Before 31/5/2013	1st June on wards
IAP Member	2500/-	3000/-	3500/-	4000/-
Non IAP Member	3000/-	3500/-	4000/-	4500/-
Accompanying Person	2000/-	2000/-	2000/-	2500/-
P. G. Student	2000/-	2000/-	2000/-	2500/-

