



3rd Annual Patient Safety Conference

Theme: More to Healthcare – Perception vs Reality

1st & 2nd February 2019 | India Habitat Centre, New Delhi, India

Registration Form

*PLEASE USE CAPITAL LETTERS ONLY

First Name..... Last Name.....

Designation.....

Organization.....

Mailing Address.....

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

Contact No. E-mail.....

Registration Details

Category	Till 30th November 2018 (Early Bird)	Post 30th November, 2018
Delegates	INR 4000	INR 4500
Group Registration (3 or more delegates from same organization)	INR 3500/Delegate	INR 4000/Delegate
Students**	INR 1500	INR 2000
International Delegates	\$ 100	\$ 150

**Participants opting under Student category – Please send a scanned copy of a letter from your Institution for the same or a copy of Identity Card of Institution.

Mode of Payments:

1. Demand Draft – Bank Details are as follows:

Name of Company: Devki Devi Foundation

Account Number: 015010200023445

Mailing Address: Mr. Manish Chaudhary / Ms. Taruna Sharma
Clinical Directorate Office, Service Floor, East Wing,
Max Super Specialty Hospital,
2, Press Enclave Road, Saket, New Delhi - 110017

DD Declaration Note:

I am enclosing herewith DD No..... Dated.....

For Rupees (Rupees in words)

Drawn on Bank Payable at Devki Devi Foundation, New Delhi.

2. For Online Payment – Bank Details are as follows:

Name of Bank: Axis Bank Limited

Name of the Branch: Green Park

City Name: New Delhi

NEFT/ RTGS Code: UTIB0000015

9 Digit MICR Code: 110211003

Note –

- If Payment by Demand Draft:
 - Send Scanned copy of filled registration form along with scanned copy of demand draft & declaration note via email
 - Send original demand draft on above mentioned mailing address along with your registration form.
- If Online Payment:
 - Email screenshot of payment page along with filled registration form

For any query, please contact our conference organizing team:

Mr. Manish Chaudhary, Mobile: 7838 142 004

Dr. Tanya Vaish, Mobile: 9599 600 757