



10th ASIA PACIFIC VASCULAR INTERVENTION COURSE / FELLOWS COURSE

15-17 June 2018 New Delhi, India

REGISTRATION FORM

Name: _____ Qualification _____

Address : _____

City _____ State _____ Pin Code _____ Country _____

Place of Work _____

Mobile _____ Office Tel. _____ E-mail _____

REGISTRATION FEES

CATEGORY	Till 31 st January 201	Till 30 th April 201	1 st May 201 Onwards	1st June 201 Spot Registration (Cash Only)
	Amount	Amount	Amount	Amount
Member Delegate	5,750/-	9,200/-	11,500/-	17,250/-
Non Member Delegate / Spouse	6,900/-	10,350/-	12,650/-	18,400/-
Fellow	3,450/-	4,600/-	5,750/-	8,050/-
Nurses / Technicians	1,150/-	2,300/-	2,300/-	2,300/-
Industry Professional	13,800/-	17,250/-	23,000/-	34,500/-
Foreign Fellow	\$ 172.5	\$ 230	\$ 287.5	\$ 345
Foreign Industry Professional	\$ 402.5	\$ 690	\$ 747.5	\$ 855
Foreign Delegate/ Spouse	\$ 402.5	\$ 690	\$ 747.5	\$ 855

ACCOMODATION

Note : a) Room request for non-registered delegates shall not be entertained.
 b) All attendees (Delegates/Fellows/Nurses/Technicians/Industry Professionals) requiring accommodation must pay for their stay.
Select the type of room you require :

Single Occupancy (9500/Night)	Number Rooms	Double Occupancy (5000/Night)	Number Rooms
	Number of Nights		Number of Nights

PAYMENT

Axis Bank **Acc. No.: 911010028201409** **IFS Code: UTIB0001148**

Please make Demand Draft in favour of "Asia Pacific Vascular Society", payable at New Delhi.

Demand Draft No. _____ Dated _____ Bank _____

Amount _____ Amount in Words _____

Note: Registration form has to be accompanied by a forwarding letter from the HOD or counter signed by the HOD, (Applicable for Fellows only)

MAIL YOUR FORM TO:

Dr. (Prof.) N. N. Khanna

Chairman - Asia Pacific Vascular Society
 Chairman - National Interventional Council, CSI
 Director - TCT India Next
 Sr. Consultant Interventional Cardiology & Coordinator - Vascular Services
 Advisor - Apollo Group of Hospitals
 Indraprastha Apollo Hospitals, Sarita Vihar, New Delhi – 110076
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