



11th ASIA PACIFIC VASCULAR INTERVENTION COURSE

28th - 30th June 2019

New Delhi, India

REGISTRATION FORM

Name: _____ Qualification _____

Address: _____

City _____ State _____ Pin Code _____ Country _____

Place of Work _____

Mobile _____ Office Tel. _____ E-mail _____

REGISTRATION FEES

Category	14 th Jan. 19 to 14 th Feb. 19	14 th Feb. 19 To 31 st May 19	1 st June 19 onwards
	Amount	Amount	Amount
Member Delegate	11,500/-	17,250/-	18,200/-
Non Member Delegate/	12,650/-	18,400/-	20,400/-
Fellow	5,750/-	8,050/-	10,000/-
Nurses /Technicians	2,300/-	2,300/-	2,500/-
National Faculty	8500/-	10500/-	
Central Govt. Doctor	6500/-	6500/-	6500/-
Industry Professional	23,000/-	34,500/-	40,000/-
Foreign Industry	\$ 747.5	\$ 855	\$ 900
Foreign Fellow	\$ 287.5	\$ 345	\$ 365
Foreign Delegate/Spouse	\$ 747.5	\$ 855	\$ 900
Foreign Faculty	\$ 647.5	\$ 755	\$ 800

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
(11,000/Night)

Number of Rooms
Number of Nights

Double Occupancy
(6,500/Night)

Number of Rooms
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
Sr. Consultant Interventional Cardiology & Coordinator-Vascular Services
Advisor-Apollo Group of Hospitals
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