

3rd International Conference on Transforming Healthcare with Information Technology

31st Aug - 1st Sep 2012, Hyderabad International Convention Center, Hyderabad - India



Title: Prof Dr Mr Ms

REGISTRATION FORM

Name: _____ Designation: _____

Department: _____ Organization: _____

Mailing Address: _____

City : _____ Zip / Pin Code: _____ Country: _____

Mobile: _____ email : _____

Name: (As you would like be printed on the badge): _____

Accompanying Person (Name): 1. _____

2. _____

Category	Fees	Please indicate amount
Delegate Fees	INR 6000	
Accompanying Person	INR 3500	
Overseas Delegates	US \$175	
Accompanying Person*	US \$110	
Student (Bonafide certificate from head of institution required)	INR 3000	
TOTAL		

*The accompanying person should be a spouse of the delegate, not a full time delegate.

Please draw your Cheque / Demand Draft in favour of **TRANSFORMING HEALTHCARE WITH IT** or Delegates may remit through NEFT from any bank for the credit of ACCOUNT NUMBER: **C.A 107511100000210** Branch: **APOLLO HOSPITAL BRANCH, HYDERABAD Br.Code: 1075**. IFSC CODE : **ANDB 0001075**. For International remittance please find the details in the subsequent pages.

Please send the payment along with the filled in registration form to: Transforming Healthcare with IT 2011, Organizing Secretariat, Ground Floor, Life Sciences Building, Apollo Health City, Jubilee Hills, Hyderabad – 500096 India
For clarifications please call or fax: Telefax: +91 40 2360 6868 or Email: mail@transformhealth-IT.org

Cheque/DD No. _____ Bank: _____ Branch: _____

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Signature _____