

Second International Conference on Transforming Healthcare with Information Technology

29th – 30th April 2011, Hyderabad International Convention Centre, Hyderabad - India



REGISTRATION FORM

Title: Prof Dr Mr Ms

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	Upto 30th September 2010	From 1st October 2010	Please indicate amount
Delegate Fees	INR 5000	INR 6000	
Accompanying Person	INR 3000	INR 3500	
Overseas Delegates	US \$150	US \$175	
Accompanying Person*	US \$100	US \$110	
Student (Bonafide certificate from head of institution required)	INR 2500	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: _____

Date: _____ Total Amount: _____

Signature _____

The following are the details which a remitter has to provide to the Remitting Bank to remit delegate fees of overseas delegates.

for CITI BANK NEWYORK [for US Dollars]

1] ABA **031000089**
or Swift: **CITIUS33**
2] BANK NAME: **CITI BANK, NEWYORK**
3] BANK ADDRESS: **111, WALL STREET, 16th FLOOR, NY 10005**
4] STATE ZIP : **NEWYORK 10005**
5] ACCOUNT TO CREDIT: **36153818**
6] NAME ON ACCOUNT: **ANDHRA BANK, ID, MUMBAI. SWIFT: ANDBINBB**
7] FURTHER CREDIT TO: **APOLLO HOSPITAL BR. HYDERABAD Br. Code: 1075 [Branch name /Place.]**
8] ACCOUNT NUMBER: **C.A 107511100000210 [beneficiary's account number]**
9] NAME OF THE ACCOUNT: **TRANSFORMING HEALTHCARE WITH IT, JUBILEE HILLS, HYDERABAD [beneficiary name & address]**

for BANK OF AMERICA, NEWYORK [for US Dollars]

1] Swift: **BOFAUS3NXXXX**
2] BANK NAME: **BANK OF AMERICA, NEWYORK**
3] BANK ADDRESS: **100 WEST, 33RD STREET**
4] STATE ZIP : **NEWYORK NY 10001**
5] ACCOUNT TO CREDIT: **6550391730**
6] NAME ON ACCOUNT: **ANDHRA BANK, MUMBAI. SWIFT: ANDBINBB**
7] FURTHER CREDIT TO: **APOLLO HOSPITAL BR. HYDERABAD Br. Code: 1075 [Branch name /Place.]**
8] ACCOUNT NUMBER: **C.A 107511100000210 [beneficiary's account number]**
9] NAME OF THE ACCOUNT: **TRANSFORMING HEALTHCARE WITH IT, JUBILEE HILLS, HYDERABAD [beneficiary name & address]**

for Wachovia Bank, NEWYORK [for US Dollars]

1] Swift: **PNBPUS3NXXXX**
2] BANK NAME: **WACHOVIA BANK, NEWYORK**
3] STATE ZIP : **NEWYORK NY 10001**
4] ACCOUNT TO CREDIT: **2000193008108**
5] NAME ON ACCOUNT: **ANDHRA BANK, MUMBAI. SWIFT: ANDBINBB**
6] FURTHER CREDIT TO: **APOLLO HOSPITAL BR. HYDERABAD Br. Code: 1075 [Branch name /Place.]**
7] ACCOUNT NUMBER: **C.A 107511100000210 [beneficiary's account number]**
8] NAME OF THE ACCOUNT: **TRANSFORMING HEALTHCARE WITH IT, JUBILEE HILLS, HYDERABAD [beneficiary name & address]**

For Lloyds Bank London [for Pound Sterling]

1] Swift: **LOYDGB2LBXXXX**
2] BANK NAME: **LLOYDS TSB BANK PLC. LONDON**
3] BANK ADDRESS: **INTERNATIONAL SERVICES OFFICE**
11-15 MONUMENT ST.,
LONDON EC3R AJU,UK
4] ACCOUNT TO CREDIT: **01001060**
5] NAME ON ACCOUNT: **ANDHRA BANK, ID, MUMBAI. SWIFT: ANDBINBB**
6] FURTHER CREDIT TO: **APOLLO HOSPITAL BR. HYDERABAD Br. Code: 1075 [Branch name /Place.]**
7] ACCOUNT NUMBER: **C.A 107511100000210 [beneficiary's account number]**
8] NAME OF THE ACCOUNT: **TRANSFORMING HEALTHCARE WITH IT, JUBILEE HILLS, HYDERABAD [beneficiary name & address]**

For DRESDNER BANK FRANKFURT [for EURO]

1] Swift: **DRESDEFFXXXX**
2] BANK NAME: **DRESDNER BANK AG**
3] BANK ADDRESS: **FRANKFURT AM MAIN**

JURGEN-PONTO PLATZ 1

- 4] STATE ZIP : **6000 FRANKFURT 11, GERMANY**
- 5] ACCOUNT TO CREDIT: **499/08058088/11/888**
- 6] IBAN number: **IBAN DE54 5008 0000 0805 08088 11**
- 7] NAME ON ACCOUNT: **ANDHRA BANK, ID, MUMBAI. SWIFT: ANDBINBB**
- 8] FURTHER CREDIT TO: **APOLLO HOSPITAL BR. HYDERABAD Br. Code: 1075** [Branch name /Place.]
- 9] ACCOUNT NUMBER: **C.A 107511100000210** [beneficiary's account number]
- 10] NAME OF THE ACCOUNT: **TRANSFORMING HEALTHCARE WITH IT, JUBILEE HILLS, HYDERABAD** [beneficiary name & address]

Remitting Bank to send MT 103[swift message] to Andhra Bank on swift ANDBINBB giving the details of the Beneficiary [like Beneficiary's name Bank account number and address and also Branch Name/ Place details]

Remitting Bank to remit the funds to the concerned Bank [example USD to Citi Bank, New York; GBP to Lloyds Bank London etc.]