

**Registration Form**

## IAP NEOCON 2009

2nd National Conference of the Neonatology Chapter  
of the Indian Academy of Pediatrics  
**"Every Newborn - Our Responsibility"**  
(Hosts : NNF Orissa & IAP Orissa)  
6th, 7th and 8th Nov' 2009,  
Bhubaneswar.

Name : \_\_\_\_\_

Address : \_\_\_\_\_

Pin : \_\_\_\_\_

Landline contact : \_\_\_\_\_ Cell No. : \_\_\_\_\_

E-mail : \_\_\_\_\_ IAP Membership No. \_\_\_\_\_

Accompanying Person's name :

1) \_\_\_\_\_ 2) \_\_\_\_\_

Meal preference : Veg / Non-Veg

<b>FEE :</b>	<b><u>Until May 30, 2009</u></b>	<b><u>Until Sep 30, 2009</u></b>	<b><u>Spot</u></b>
IAP Member	Rs.1500/-	Rs.1800/-	Rs.2000/-
Accompanying person	Rs.1500/-	Rs.1800/-	Rs.2000/-
Non member	Rs.1800/-	Rs.2000/-	Rs.2300/-
Postgraduate student #	Rs.1000/-	Rs.1200/-	Rs.1500/-
Workshop*	Rs.1000/-	Rs.1200/-	NA

(\*Limited to fifty delegates only, on first come first serve basis)

(# PG Student must apply through the institute / department head)

Payment details : DD/ Cheque to be made in favor of "IAP, Neocon 2009" payable at Bhubaneswar.

Payment made for a sum of Rs. \_\_\_\_\_ /- (in words)

\_\_\_\_\_ in

favor of "IAP Neocon 2009" by DD/Cheque No. \_\_\_\_\_

drawn on \_\_\_\_\_, bank, payable at Bhubaneswar.

Date : \_\_\_\_\_

Signature : \_\_\_\_\_

Please post the completely filled out registration form, along with the DD/Cheque, to Dr. Bishwajit Mishra, Organizing Secretary, C-28, Market Building, Saheed Nagar, Bhubaneswar - 751 007, Orissa, Tel - 09437046694, 0674-2546694