



REGISTRATION FORM

IAP East Zone Pedicon & Odisha Pedicon 2011 Host by: IAP Orissa State Branch.

Date – 05th & 06th November 2011, Venue – Temple City Bhubaneswar

Receipt No. Date

IAP Membership No. *PG Student Non IAP Member

Name: -

Hospital / Institute: -

Designation: -

Mailing Address: -

City: - Sate : - Pin Code: -

Phone (DTS Code) (R) (O)

Mobile: - E-mail Id: -

Accompanying Delegate Names 1.

2.

*Delegate Fees: Rs. Accompanying Delegate Fees: Rs.

Accommodation: Rs. Total: Rs.

Mode of Payment:

D.D. / Cheque in favour of **IAP East Zone Pedicon 2011**, Payable at Bhubaneswar.

D.D. / Cheque No Date Bank

On line Payment – Current A/C NO-**2765020000364**, **Bank of Baroda, Nayapally Branch**, Jayadev Vihar, Bhubaneswar – 751013, Telephone – 0674-2360707.

(Signature of Delegate)

Delegate Fees	Upto 31March 2011	Upto 31May 2011	Upto 31 Oct 2011
<u>Onwards</u>			
IAP Member	Rs.1 500.00	Rs. 2000.00	Rs. 2500.00
Accompanying Person	Rs.1 500.00	Rs. 2000.00	Rs. 2500.00
Non-IAP Delegate	Rs.1 500.00	Rs. 2500.00	Rs. 3000.00
*PG Student	Rs. 1000.00	Rs. 1500.00	Rs.2000.00

*Certificate from HOD required to be attached with this form in case of PG Students.

Mailing address:-

Org. Secretary. IAP East Zone Pedicon 2011, 3rd Floor, IMA-IAP House, Behind Capital Hospital, Unit – VI, Ganga Nagar, Bhubaneswar – 751003, Mobile – 9437008000, 9237014514. Website – www.iaporissa.org E-mail ID -iaporissa@yahoo.co.in, iapeastzonepedicon2011@gmail.com