



Conference registration application form for

6th National Conference of ECMO Society of India

&

2nd Annual conference of South and West Asia Chapter of Extracorporeal Life Support Organization (ELSO)

Date: 6th to 8th Feb 2015

Dated: _____

1. Name (in Capital Letters): _____
2. Present address with email (mandatory for communication) : _____

3. Telephone/ cell no / Fax No. (cell number is mandatory): _____
4. State medical / MCI registration number : (mandatory for credit hours) _____
5. Academic Qualification (Graduate/Post Graduate): _____
6. Name of Current Post / Designation Held _____
7. Recommendation / reference letter from mentor/HOD (needed for postgraduate students)

SIGNATURE OF THE APPLICANT

6th Annual Conference of ECMO Society of India - Registration Fee Details in Indian rupees

Registration	Students of BSc and M.Sc - Perfusion & Perfusionists	DNB/DM/M.Ch -Cardiology/ Cardiac Surgery, Post graduate students, fellows in cardiac anaesthesia/ Intensive care	Others	Oversea delegates US \$ (Includes workshop registration fee)
Till 1st Feb 2015	₹ 2000	₹ 2500	₹ 3000	\$ 100
From 1st to 6th Feb 2015	₹ 2500	₹ 3000	₹ 3500	\$ 200

Workshop Registration Fee - ₹ 1000/- (In addition to registration fee)

Note : For registration fee payment do electronic transfer to Canara Bank

Name of the account : 6th Annual ECMO Society Conference
 Account number : 302 110 111 3337
 IFSC Code : CNRB 0003021
 MICR Code : 560015152
 Bank : Canara Bank
 Branch : Narayana Hrudayalaya, Bangalore

Filed application form to be sent to the following address:

Dr. Muralidhar K,
 Director – Academic,
 Narayana Hrudayalaya Hospitals,
 #258/A, Bommasandra Industrial Area,
 Bangalore-560099, India ; Ph: +91-80-27836966 / 91-80-71222689
 E-mail: kanchirulestheworld@gmail.com / muralidhar.kanchi.dr@nhhospitals.org