



**ISECTCON 2019**  
**19th ANNUAL CONFERENCE of**  
**Indian Society of Extra Corporeal Technology**  
**22nd & 23rd, February 2019**



**REGISTRATION FORM**

- Perfusionist (Life Member)                       Others  
 Perfusion Student                                       Overseas Delegate  
 Perfusionist     Trade Representative

ISECT Member    Yes    No   Life Membership No :.....  
Name of the participant :.....  
Institution :.....  
Mailing Address :.....  
City :..... State :..... Pin Code :.....  
Telephone No :..... Mobile :.....  
E-mail :.....  
Choice of food    Veg    Non Veg  
Accompanying person Spouse Name :.....  
Child Name :.....

**ECMO Simulation / Wetlab   Interested   Yes    No**

**REGISTRATION PAYMENT DETAILS**

Registration Fees accepted by any one of the following mode:

1. If you are an account holder of **Indian Overseas Bank (IOB)** please credit the amount to our **Current A/c No.167502000000141** of **ISECT CON 2019, Chennai Apollo Hospital, Chennai** From your bank please send or mail us the photocopy of the counter foil.
2. If you are an account holder of any other bank, you can also transfer through NEFT / RTGS from your bank to **IOB, Apollo Hospital, Chennai Branch, Current A/c No. 167502000000141** of **ISECT CON 2019, Chennai, IFS Code No. : IOBA0001675, Swift Code: IOBAINBB001** and send or mail us the photocopy of the counter foil.
3. Demand Draft (DD) from any bank payable at Service Branch, Chennai or in favor of "**ISECT CON 2019, CHENNAI**" payable at Chennai.

**PAYMENT DETAILS**

Amount Rs :..... DD No :.....  
Bank and Branch :.....  
All payments must be made by Demand Draft / Multicity / Local Cheques in favor of '**ISECT CON 2019**' payable at Chennai and sent to conference Secretariat. (**Local Cheques will not be accepted**)

**REGISTRATION TARIFF**

Category	Till Oct 31	Nov 1st to Dec 31st	Jan 1st - Spot
Perfusionist	6500	8000	10000
Student	5000	5000	10000
Doctor	7000	8500	10000
Trade Delegate	10000	10000	10000
Accompanying Person	5000	5000	10000
Foreign Perfusionist	10000	10000	10000
Accompanying Person (Foreign)	5000	5000	10000
Retd. Perfusionist	Nil	Nil	Nil

**RULES & REGULATIONS**

- 1) Registration for the individuals concerned
- 2) Cancellation request should be sent along with the **Original Registration Receipt before 31st Dec 2018**