REGISTRATION FORM

DIAMOND APICON 2005
January 22nd - 25th 2004,
Renaissance Mumbai Hotel and Convention Centre,
Powai, Mumbai 400 087.

PERSONAL DETAILS

Title / Position Prof. / Dr. / Dr. Mrs. / Dr. Ms. / Mr. / Mrs. / Others
Surname
First name
Middle name
API Membership No. L AL Age
Institution
Department
Mailing Address
City
State
Telephone No. Country Code City Code Resi. / Hosp. / Clinic
Fax
Mobile
e-mail
Name as it should appear on the badge

REGISTRATION DETAILS

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Delegate API Member</td>
<td>3,000</td>
<td>5,000</td>
<td>10,000</td>
</tr>
<tr>
<td>† Accompanying Person (API)</td>
<td>2,500</td>
<td>4,500</td>
<td>10,000</td>
</tr>
<tr>
<td>† P.G. Student</td>
<td>2,000</td>
<td>4,000</td>
<td>10,000</td>
</tr>
<tr>
<td>Non API Member (physician)</td>
<td>6,000</td>
<td>8,000</td>
<td>10,000</td>
</tr>
<tr>
<td>† Accompanying Person Non-API</td>
<td>6,000</td>
<td>8,000</td>
<td>10,000</td>
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<tr>
<td>C.M.E.</td>
<td>1,000</td>
<td>1,500</td>
<td>5,000</td>
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<tr>
<td>Corporate Delegate</td>
<td>8,000</td>
<td>10,000</td>
<td>15,000</td>
</tr>
<tr>
<td>Banquet (per head)</td>
<td>500</td>
<td>1,000</td>
<td>2,000</td>
</tr>
<tr>
<td>Foreign Delegate</td>
<td>$500</td>
<td>$500</td>
<td>$1,000</td>
</tr>
<tr>
<td>*Refund Policy</td>
<td>75% 50% 0%</td>
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</tr>
</tbody>
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Details of Payment

Deleg. API Member Rs. ..........
Accompaning Person(s) Rs. ..........
P.G. Student Rs. ..........
Non API Member (Physician) Rs. ..........
CME Rs. ..........
Banquet Rs. ..........
Corporate Delegate Rs. ..........
Foreign Delegate US$. ..........
TOTAL AMOUNT Rs. ..........
Recd. Rs. .......... as Registration Fees

Payment: D.D. in the name of Diamond APICON 2005 payable at Mumbai.


S I G N A T U R E

Secretariat: Dr. Ketan K. Mehta, ORGANIZING SECRETARY, C/o. Shree Abhyudaya, 219, Tardeo Road, Opp. Gamadia Colony, Mumbai 400 007.
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