



APASL SCHOOL OF HEPATOLOGY

3rd National Conference on Critical Care and Infections in Liver Diseases

Main Conference : 20th & 21th April, 2019

Pre Conference Workshop : April, 2019

New Delhi, India

REGISTRATION FORM

Name Gender : M F

(PLEASE FILL IN CAPITAL LETTERS AS TO APPEAR IN THE CERTIFICATE)

Designation : Department* :

Hospital / Institution :

Mailing Address :

City..... Pin Code : State : Country :

*E-mail:.....

* Mobile: * Tel No Res / Off.....

Registration Category : Delegate

Student

Nurse

Registration details	Amount	Payment Details
Delegate	: _____	Cheque / DD No. : _____ Date: _____
Student	: _____	Drawn on Bank : _____
Nurse	: _____	Branch : _____
Total	: _____	Amount in words : _____
		Date: _____ Signature _____
Note : Letter from the concerned department HOD is mandatory for all Students for registration.		Mode of Payment : • At Par Cheque/DD to be drawn in favour of "ILBS Conference Committee" payable at New Delhi.

Please send the duly filled registration form and DD/Cheque (NEFT/Cash deposit receipt) at the

Conference Secretariat -
INSTITUTE OF LIVER AND BILIARY SCIENCES
 An Autonomous Society Under Govt. Of NCT of Delhi
 D-1, Vasant Kunj, New Delhi-110070 (India)
 Tel.: + 91 11 46300000, Ext. -22048
 Liver Helpline: 1800 11 5354 Web: www.ccilbs.com

For Office use only : Receipt :

Date :

Reg No :

Category	Conference Fee	Workshop Fee	Package (Conference + Workshop)
Delegate	INR 3500	INR 3500	INR 5000
Student	INR 2000	INR 2000	INR 3000
Nurse	INR 600	INR 500	INR 1100