



May 26-28, 2023

Hotel Westin, Hyderabad Mindspace, Hitech City, Madhapur, Hyderabad

Registration Form (Please fill in CAPITAL Letters)

Name : _____
First Middle Last

Degree : _____ Designation : _____

Hospital Affiliation : _____

Mailing Address : _____

City : _____ Pin : _____ State : _____

Medical Council No. _____ Tel. (with STD code) _____

E-mail : _____ Mobile No.: _____

REGISTRATION :

Consultant	₹ 1500/-	Resident / PG Student	₹ 1000/-
------------	----------	-----------------------	----------

NOTE :

- This Conference is for Neurologists & Pediatric Neurologists
- Resident / PG Students must submit a bonafide certificate from HOD/Institute
- For Online Registrations - All the Remittance / Transaction charges are to be borne by the Registrant.
- Registrations close on April 30, 2023

PAYMENT :

Cheque/ DD, payable to "Epilepsy association of Secunderabad"

Cheque/DD No. _____ for Rs. _____

Drawn on _____ Payable at Secunderabad

Add Rs. 100 for outstation cheques (not required for at par cheques).

Bank Transfer : A/c No. : 50100392436625 Branch : Hyderabad Jubilee Hills
A/c Name : Epilepsy association of Secunderabad RTGS/IFSC Code : HDFC0000317
Bank Name : HDFC

For any assistance kindly contact:

EPILEPSY ASSOCIATION OF SECUNDERABAD

Room 24-A, Third Level, Block-III, Krishna Institute of Medical Sciences,

#1-8-31/1, Minister Road, Secunderabad-500003, Telangana, India.

Ph: +91 96188 48360 email: epilepsyyassosecunderabad@gmail.com

Signature