



Date : 27th & 28th Sep, 2019
Venue : IIT Madras Research Park, Chennai

CONNECTING
HEALTHCARE & TECHNOLOGY

REGISTRATION FORM

(Please use Capital Letters)

Name : **Age** :

Organization: **Designation**:

Address:

City: **State**: **Pin Code**:

Mobile No: **Email**:

Registration Details (Regular till 25 th Sep'19)						
CATEGORY	Delegate		CAHO Members/ CPQIH/CPQIL		Student	
Conference only	3000	<input type="checkbox"/>	2500	<input type="checkbox"/>	2000	<input type="checkbox"/>
Conference + Pre Conference	4000	<input type="checkbox"/>	3000	<input type="checkbox"/>	2500	<input type="checkbox"/>
Pre Conference Workshop only	1500	<input type="checkbox"/>	1000	<input type="checkbox"/>	1000	<input type="checkbox"/>

NO REFUND ON CANCELLATION OF REGISTRATION AFTER 1ST SEP, 2018

Note : Participants opting under student category will have to submit a letter from Head of Institution or a copy of Identity Card of Institution.

10 % discount on total registration amount for more than 5 registrations (contact helpdesk @ +91-9870318781)

Payment Details :

Mode of payment- DD/ Cheque/NEFT

DD/ Cheque No./ Ref. No :

Date:

Amount : in words.....

Bank Details :

All DD/Cheques in favor of "CONSORTIUM OF ACCREDITED HEALTHCARE ORGANIZATIONS" payable at New Delhi (NCR) to be couriered to CAHO Secretariat- G-100, Sector 44 Noida -201303 (U.P)

Date

Signature.....

Account Details:

Bank Name & Address : Bank of India

Account Name : Consortium of Accredited Healthcare Organizations

Account No : 710220110000543

IFSC Code : BKID0007102

Account Type : Current