

Cleveland Clinic

Advanced Certificate Course in Diabetes

23 - 24 August, 2014 | The Lalit Hotel, New Delhi

REGISTRATION FORM

Name (In Block Letters) DR. _____

Mailing Address _____

City _____ Pin _____ State _____ Country _____

Telephone (O) _____ (R) _____ *Mobile _____

Fax _____ *E-mail _____

* Mandatory for Registration

Registration Fee

(Tick the amount which is applicable & enclose)

	Till 31 May, 2014	Till 31 July, 2014	After 31 July, 2014
Indian Delegates	₹ 5,000/- <input type="checkbox"/>	₹ 7,500/- <input type="checkbox"/>	₹ 10,000/- <input type="checkbox"/>
PG Student/Resident	₹ 3,000/- <input type="checkbox"/>	₹ 5,000/- <input type="checkbox"/>	₹ 7,500/- <input type="checkbox"/>
Corporate Registrations	₹ 10,000/- <input type="checkbox"/>	₹ 10,000/- <input type="checkbox"/>	₹ 15,000/- <input type="checkbox"/>
Overseas Delegates	US \$ 200 <input type="checkbox"/>	US \$ 300 <input type="checkbox"/>	US \$ 400 <input type="checkbox"/>

Please note:

- 1) We will consider the date of receipt of DD/Cheque while processing the registration as per above deadlines.
- 2) PG Student/Resident should provide bonafide certificate to avail concessional rate.
- 3) Charges incurred for bank transfer will be borne by payee.
- 4) Kindly attach the scan copy of MT100 / Bank advice if paying through bank transfer.
- 5) All credit card payments would be charged an extra 2.9% as processing fee.

Payment Options:

1. Cheque/ Demand Draft:

Please find enclosed here with DD/Cheque no. _____ dated _____

drawn on (Bank's Name) _____

in favour of "Diabetes and Obesity Centre", Payable at New Delhi.

2. Bank Transfer:

Title of Account : DIABETES AND OBESITY CENTRE
Account No. : 3223201000040
Bank : CANARA BANK
Branch : Paschim Vihar-II, New Delhi-110063
IFSC : CNRB0003223

3. Online Registration:

Please visit the link
<http://ccaccd.com/registration.php>.

Cancellation Policy:

- » All cancellation should be made in writing and send to anshul@cimglobal.net.
- » 25% amount will be deducted, if the cancellation is received after 31 July, 2014.

Date _____

Signature _____

Please send this registration form and cheque / Bank advice to:

Dr. B M Makkar
Course Director, India
Diabetes and Obesity Centre
A - 5B/122, Paschim Vihar, New Delhi - 110 063
Tel: +91 11 2526 7671 / 2528 0150
Fax: +91 11 4568 3367, Mob: +91 9811077419
Email: drbmmakkar@gmail.com, drbmmakkar@yahoo.com

For details, please contact:

CIMGLOBAL

Suite No. 510/511, DLF City Court
MG Road, Gurgaon 122 004, Haryana, India
Tel: +91-124 46 17 700 Fax: +91-124 46 17 777

Pratibha Verma
Mob: +91 9990156798

Anshul Goyal
Mob: +91 9650607293

Email: pratibha@cimglobal.net Email: anshul@cimglobal.net