

## Cleveland Clinic Advanced Certificate Course in Diabetes

22 - 23 August, 2015 | JW Marriott Hotel, New Delhi Aerocity

### REGISTRATION FORM

Name (In Block Letters) Dr. \_\_\_\_\_

Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Pin \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Telephone (O) \_\_\_\_\_ (R) \_\_\_\_\_ \*Mobile \_\_\_\_\_

Fax \_\_\_\_\_ \*E-mail \_\_\_\_\_

\*Name as you would like to have printed on Badge

### Registration Fee

\* Mandatory for Registration

(Tick the amount which is applicable &amp; enclose)

	Till 30 April, 2015	Till 15 July, 2015	After 15 July, 2015
Indian Delegates	₹ 7,000/- <input type="checkbox"/>	₹ 10,000/- <input type="checkbox"/>	₹ 12,000/- <input type="checkbox"/>
PG Student/Resident	₹ 5,000/- <input type="checkbox"/>	₹ 5,000/- <input type="checkbox"/>	₹ 8,000/- <input type="checkbox"/>
Corporate Registrations	₹ 12,000/- <input type="checkbox"/>	₹ 15,000/- <input type="checkbox"/>	₹ 15,000/- <input type="checkbox"/>
Overseas Delegates	US \$ 250 <input type="checkbox"/>	US \$ 350 <input type="checkbox"/>	US \$ 450 <input type="checkbox"/>

Please Note:

- 1) No Spot Registration.
- 2) Right to admission reserved.
- 3) We will consider the date of receipt of DD/Cheque while processing the registration as per above deadlines.
- 4) PG Student/Resident should provide bona fide certificate to avail concessional rate.
- 5) Charges incurred for bank transfer will be borne by payee.
- 6) Kindly attach the scan copy of MT100 / Bank advice if paying through bank transfer.
- 7) All credit card payments would be charged an extra 2.9% as processing fee.
- 8) CME certificate only for full attendance of the program (Delegates are requested to adjust travel schedules accordingly as the meeting ends at 5.30 pm on 23 August 2015 and certificates shall be handed over in person. Absentees due to any reason including travel shall not get the certificate)

### Payment Options:

#### 1. Cheque/ Demand Draft:

Please send enclosed here with DD/Cheque no. \_\_\_\_\_ dated \_\_\_\_\_

drawn on (Bank's Name) \_\_\_\_\_

in favour of "Dr. Makkar's Diabetes and Obesity Centre LLP", Payable at New Delhi.

#### 2. Bank Transfer:

**Title of Account** : Dr. Makkar's Diabetes and Obesity Centre LLP  
**Account No.** : 3223214000009  
**Bank** : CANARA BANK  
**Branch** : Paschim Vihar, A Block, 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 before 15 July, 2015. No refunds shall be done after this.

#### 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:



Suite No. 309-311, 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

Email: pratibha@cimglobal.net

**Er. Devender K Saini**

Mob: +91 9650604736

Email: devender@cimglobal.net