

Cleveland Clinic

Advanced Certificate Course in Diabetes

20 - 21 August, 2016 | Pullman and Novotel 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

* Mandatory for Registration

Registration Fee

(Tick the amount which is applicable & enclose)

	Till 31 March, 2016	Till 15 June, 2016	Till 31 July, 2016	Spot Registration
Indian Delegates	₹ 8,000/- <input type="checkbox"/>	₹ 10,000/- <input type="checkbox"/>	₹ 12,000/- <input type="checkbox"/>	₹ 15,000/- <input type="checkbox"/>
PG Student/Resident	₹ 6,000/- <input type="checkbox"/>	₹ 6,000/- <input type="checkbox"/>	₹ 9,000/- <input type="checkbox"/>	₹ 15,000/- <input type="checkbox"/>
Corporate Registrations	₹ 15,000/- <input type="checkbox"/>	₹ 15,000/- <input type="checkbox"/>	₹ 15,000/- <input type="checkbox"/>	₹ 15,000/- <input type="checkbox"/>
Overseas Delegates	US \$ 300 <input type="checkbox"/>	US \$ 400 <input type="checkbox"/>	US \$ 500 <input type="checkbox"/>	US \$ 700 <input type="checkbox"/>
Residential Package				
Residential Package 1	₹ 17,000/- <input type="checkbox"/>	₹ 19,000/- <input type="checkbox"/>	₹ 21,000/- * <input type="checkbox"/>	No Spot Registrations
Residential Package 2	₹ 26,000/- <input type="checkbox"/>	₹ 28,000/- <input type="checkbox"/>	₹ 30,000/- * <input type="checkbox"/>	

Residential packages are applicable only to Indian Delegates.
** Subject to availability*

Payment Options:

1. Cheque/ Demand Draft:

Please find 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
www.ccaccd.com/registration.php

Cancellation Policy:

- » All cancellation should be made in writing and send to sehajpreet@cimglobal.net
- » 25% amount will be deducted, if the cancellation is received before 15 June, 2016 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
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