



59th ANNUAL CONFERENCE OF ISA DELHI STATE CHAPTER

4th and 5th April 2020
Le Meridien, Windsor Place, New Delhi



(Please use CAPITAL LETTER)

Name _____ Dr. _____
(As required on Certificate) (First Name) (Middle Name) (Last Name)
ISA Member (Yes/No): _____ Membership Number _____

Address:- _____

City/State:- _____ Postal Code:- _____ Country: - _____

Organization Name: - _____

Mobile: - _____ Telephone: - _____ * E-mail:- _____

Accompanying Person Name (If any): - _____

*Email id is mandatory for future communication

Banquet Dinner on 4th April at Le Meridien at 7:30 PM onwards

Payment of Registration fee: - Confirm your registration by payment of non-refundable registration fee by demand draft/ Cheque/ NEFT/ IMPS in favor of **"INDIAN SOCIETY OF ANAESTHESIOLOGISTS DELHI BRANCH"** payable at New Delhi

Form can be downloaded from our hospital website: www.sgrh.com

The bank details are as follow:

| | |
|----------------------------|---|
| Name of the account holder | INDIAN SOCIETY OF ANAESTHESIOLOGISTS DELHI BRANCH |
| A/C No. | 50100297484765 |
| Bank Name & Branch | HDFC Bank, B-34 Moti Nagar, New Delhi 110015 |
| IFSC Code | HDFC0004396 |

Conference fee: _____ Workshop fee: _____ Net Amount: _____

Transaction No: _____

Please ensure to attach bank/e-transfer details/challan/RTGS transfer details with registration application form at email: isacondelhi2020@gmail.com

Note: On the spot registration available through Cash only.

Date: - _____

Signature of Delegate: - _____

Registration Fee Structure (Please Tick as Applicable)

(amount is inclusive of GST 18%)

CONFERENCE DETAILS:

| Category | Early Bird 31 st Jan 2020 | 1-29 th Feb, 2020 | 1 st – 31 Mar, 2020 | On the Spot (Kit Bag if available) |
|----------------|---|---------------------------------|-----------------------------------|---------------------------------------|
| ISA Member | 5,500/- (INR) | 6,500/- (INR) | 7,000/- (INR) | 8,000/- (INR) |
| Non ISA Member | 6,500/- (INR) | 7,500/- (INR) | 8,000/- (INR) | 9,000/- (INR) |
| PG Student | 4,500/-(INR) | 5,000/-(INR) | 6,000/-(INR) | 6,500/-(INR) |

*PG Students (attach proof letter signed by HOD)

WORKSHOP DETAILS

DATE: 3rd APRIL 2020 TIME: 8am – 5pm

| S.No | Category | Conducted by | Venue | Tick Anyone |
|------|--------------------------------|-------------------|-------|-------------|
| 1 | Ultrasound Guided Nerve Blocks | SGRH & RML | RML | |
| 2 | Trauma and Emergency Medicine | Army & Safdurjung | AHRR | |
| 3 | Mechanical Ventilation | SGRH & SDH | SDH | |
| 4 | Research and Methodology | AIIMS | AIIMS | |

- REGISTRATION FEE – Rs.2000/- FOR ANY WORKSHOP
- **Conference registration is must for attending the workshop**

Conference Secretariat:

Department of Anaesthesiology, Pain and Perioperative Medicine

5th floor, SSR Block Sir Ganga Ram Hospital, Rajinder Nagar, New Delhi- 110060

E - Mail id: isacondelhi2020@gmail.com

Dr. Anil Kumar Jain

Organising Chairperson

Dr. K K Narani

Co-Organising Chairperson

Dr. Anjali Gera

Organising Secretary

Mob: 9811571080

Dr. Bhuwan Chand Panday

Co- Organising Secretary

Mob: 9999200881