



ACE SCHOOL OF SLEEP MEDICINE

REGISTRATION FORM

3rd International Sleep Update 2019

Venue-The Lalit Hotel -Near, Barakhamba Rd, Police Station, Connaught Place,
New Delhi, Delhi 110001

9th &10th February, 2019

Name (In Block Letters) Dr./Mr/Mrs/Ms _____

Organization _____

Specialty _____

Mailing Address _____

City _____ Pin _____ State _____ Country _____

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

Fax _____ *E-mail _____

Registration Fee

(Tick the amount which is applicable & enclose)

Program	Early Bird		REGULAR		On-Spot	
	Oct-Dec 1st 2018		Dec 2018 -30th Jan 2019			
	National Category	International Category	National Category	International Category	National Category	International Category
Day-1-Workshop						
Consultant	2500	NA	3000	NA	NA	NA
Resident/Technician	2000	NA	2500	NA	NA	NA
Day-1+2 Workshop+Conference						
Consultant	4000	100 USD	5000	200 USD	6000	NA
Resident/Technician	3000	75 USD	4000	100 USD		NA

Payment Options:

1. Cheque/ Demand Draft:

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

Drawn on (Bank's Name) _____

in favor of "ACE SCHOOL OF SLEEP MEDICINE", Payable at New Delhi.

2. Wire Transfer:

Company Name: ACE SCHOOL OF SLEEP MEDICINE

A/C NO. – 1747928

Bank – RATNAKAR BANK

Branch–HAUZ KHAS, NEW DELHI –110016

IFSC CODE – RATN0000141,

SWIFT CODE – RATNINBB

DD you can Email or post to – Dr. Manvir Bhatia, L-23, Hauz Khas Enclave,
New Delhi-110016, Ph.01146070321

Conference Secretariat:

Vatsala, L-23, Hauz Khas Enclave, New Delhi – 110016

Tel.: 01146070321 /9910662110 Email: info.assm@gmail.com/neurologysleepcentre3@gmail.com

Visit-www.assm.in