



37TH ANNUAL CONFERENCE OF NATIONAL NEONATOLOGY FORUM

DATES : 7TH - 10TH DECEMBER, 2017

Organized by: Neonatology-Forum, Haryana Branch.



NEOCON 2017
GURUGRAM- "GURGAON"

REGISTRATION FORM

(Please write in Block Letters)

Title:- Dr Prof Mr. Mrs. Ms. (Please tick as appropriate) **Receipt Number:-** _____ (For Office use only)

Registration Category:- NNF Member Non Member (Please tick as appropriate)

NNF Membership Number:- _____ **Date of birth -** ____/____/____ **Age- ()**

Registration Type:- Regular PG Student Nurses Sr. Citizen (Please tick as appropriate)

First Name: _____ **Last Name:** _____

Address : _____

City: _____ **State:** _____ **Pin Code:** _____

Country: _____ **Phone:(With STD CODE)** _____ **Mobile (Mandatory):** _____

Email (Mandatory): _____

Accompanying Person Details: (Please Tick as appropriate)

Title: Full Name _____ **Age** _____ **M** **F**

Title: Full Name _____ **Age** _____ **M** **F**

Title: Full Name _____ **Age** _____ **M** **F**

Choice of Food : Vegetarian Non Vegetarian Jain

Workshop Details:- 1st Code Preference _____ 2nd Code Preference _____

Code	Workshop Name	Code	Workshop Name
A	Advanced Ventilation (HFO, Nitric Oxide & ECMO)	G	Therapeutic Hypothermia & EEG (Therapeutic Hypothermia for Perinatal Asphyxia)
B	Basic Ventilation (Conventional Ventilation - The Art & Science & Lung Protective Strategies)	H	Parenteral Nutrition (Nutrition in the Preterm Infant : Enteral & Parenteral)
C	Non Invasive Ventilation CPAP and HHHFNC (Heated Humidified High Flow Nasal Cannula)	I	Setting up the NICU (Setting up a Level II-III Neonatal Intensive Care Unit)
D	Point Of Care Ultrasound (Neonatal Point of Care USG - NEO POC)	J	Simulation workshop (Simulation Program in Neonatology)
E	Functional Echocardiography (Neonatologist Performed Echocardiography & Hemodynamics in NICU)	K	NICU Skills - The Art and Science
F	Neurodevelopmental Assessment & Management Strategies (NICU to Post Discharge and Follow Up)	L	Research Methodology
		M	Quality Initiative (QI) in Neonatology

*Please give your 2 workshop preference mentioning workshop codes on registration form.

* PG Students should submit the bona fide certificate from Head of the Department/Institution along with Registration form.

* Senior citizens need to submit their age proof.

Amount Paid for- Conference: ₹ _____ **Accompanying person:** ₹ _____ **Workshop:** ₹ _____

Total Paid ₹ _____ **Amount in Word:** _____

Mode of Payment: Cash / Card/DD/ Cheque (Please tick as appropriate)

DD/ Cheque /Bank Transfer RTGS / NEFT Transaction No.: _____
(DD / Cheque should be in favor of "NEOCON 2017", payable at "Gurgaon")

Bank Details :

Account Name : NEOCON 2017

Account Number : 309002850287

Address : RBL Bank, Unit No 7 & 14, Ground Floor, Block A, ABW Towers Iffco Chowk, Gurgaon -122001

IFSC/RTGS Code : RATN0000116

Date:- _____

Signature:- _____

Conference Secretariat/ Registered Office:-

Dr Ramesh Goyal - Organizing Secretary NEOCON-2017 - 888- Saraswati Vihar, M. G. Road, Gurgaon, Haryana -122002

Mobile:- +91 9711990560 **Email:-** neocon2017gurgaon@gmail.com **Website:-** www.neocon2017.com