



International Parkinson and
Movement Disorder Society

MDSICON 2019

22nd - 24th February 2019
The Ashok, New Delhi, India

CONFERENCE REGISTRATION FORM

Name of the Delegate: _____

Organization/Institution: _____ Designation: _____

Address: _____

City: _____ State: _____ Country: _____ Pin: _____

Email: _____ Telephone: _____

Mobile: _____ Membership Number: _____

Accompanying Persons:

1. _____ 2. _____

Registration Structure:

CATEGORY	SPOT after 01.01.19
Members	Rs. 9,440
Non Members / SAARC	Rs. 12,980
Students	Rs. 4,720
Accompanying Person	Rs. 8,260
Overseas	\$ 590

Note: Registration fee is inclusive of 18% GST.

The Non-Residential Package inclusive of

- No accommodation
- Admission to all Scientific Sessions, Inaugural Function, Exhibition Area
- Tea/Coffee on all days
- Conference Lunch on all days
- Registration Kit

RESIDENTIAL VENUE PACKAGE	
CATEGORY	SPOT after 01.01.19
Residential (Single) 3 nights / 4 days	Rs. 51,920
Residential (with Spouse) 3 nights / 4 days	Rs. 70,210
Residential (Single) 2 nights / 3 days	Rs. 42,480
Residential (with Spouse) 2 nights / 3 days	Rs. 60,770

Note: Registration fee is inclusive of 18% GST.

For 2 nights / 3 days Residential Package:Check in: 22nd February 2019Check out: 24th February 2019All meals from 22nd February Lunch to 24th February Lunch at specified banquet venues**For 3 nights / 4 days Residential Package:**Check in: 21st February 2019Check out: 24th February 2019All meals from 22nd February Breakfast to 24th February Lunch at specified banquet venues**The Residential Package inclusive of**

- Room rent, breakfast and hotel taxes
- Admission to all Scientific Sessions, Inaugural Function, Exhibition Area
- Tea/Coffee on all days
- Conference Lunch on all days
- Registration Kit

Bank Details:**Account Name:** MDSICON 2019**Account No:** 37825101486**Bank Name & Address:** State Bank of India, AIIMS Campus Ansari Nagar, New Delhi – 110029**IFSC Code:** SBIN0001536**Payment Details:** Cheque / DD Cash Wire Transfer

Cheque / DD No: _____ Date: _____ Bank: _____ Amount: _____

Note: Cheque / DD to be drawn in favor of “**MDSICON 2019**” payable at New Delhi.**Please send us duly filled registration form along with the cheque / DD to Neumech Events,**

908, Chiranjiv Tower, Nehru Place | New Delhi | 110019

Tel: +91 11- 46561994, Mobile: +91 9717298181 Email: mdsicon2019@gmail.com