



XII INDIAN NATIONAL STROKE CONFERENCE

16th - 18th March 2018, Hyatt Regency, New Delhi

Registration Form Name: Dr._____ Designation: ______ISA Membership No._____ Name of the Institution: Address for communication: _____ City: _____ Pin code: _____ State: ____ Country: ____ Mobile: _____ E-mail: _____ Name of Accompanying Person: 1. _______2. **Registration Fee:** Regular till 15th Jan 2018 Late till 15th Feb 2018 **Spot Registration** Category Rs. 4000/-Rs. 6000/-Rs. 15000/-ISA Members Non Members Rs. 5000/-Rs. 7000/-Rs. 18000/-PG Students Rs. 3000/-Rs. 4000/-Rs. 7000/-Rs. 2500/-Rs. 3000/-Rs. 5000/-Accompanying Persons Foreign Delegates US \$250 US \$350 US \$ 500 **Bank Details:** Account Name: INSC 2018 Account No: 00990200000918 Bank Name & Address: Bank of Baroda, Defence Colony, New Delhi - 110024 **IFSC Code:** BARB0SOUTHE Payment Details: Cheque / DD Cash Wire Transfer Cheque / DD No: _____ Date: ____ Bank: ____ Amount: ____ Note: Cheque / DD to be drawn in favour of "INSC 2018" payable at New Delhi Signature: _____ Date: _____

Please send duly filled form along with the DD to the **Conference Secretariat Dr Vinit Suri**, **Organising Chairman**, INSC 2018, SR. Consultant Neurologist and Co-ordinator Room No. 1015, Department of Neurosciences, Indraprastha Apollo Hospital, New Delhi Email: insc2018delhi@gmail.com Web: www.insc2018.com