



**R E G I S T R A T I O N F O R M**

**Title :** Professor  Doctor  Mr

**First Name:** -----**Last Name :** -----

(You will be addressed by your first name in all the correspondence)

**Gender :** Male  Female  **Date of Birth :** -----

**Mailing Address:**-----

**City:** ----- **State:** ----- **Postal Code:** ----- **Country:** -----

**Telephone:** ----- **Mobile:** ----- **Fax:** -----

**Email:**-----

**Memberships Details :**  AMASI Member if yes Membership No.: -----

Nonmember  Post Graduate  Paramedical

**Accompanying Persons Details:**

Sn.o	Name	Age	Gender	Relationship

# REGISTRATION DETAILS




Registration fee : Rs.-----  
 Post Graduate Course : Rs.-----  
 Acc.Person fee : Rs.-----  
 Total Amount : Rs.-----

**Payment Details :**

Enclosing herewith Demand Draft No.-----dated -----

For Rs.-----Rupees -----

-----only) in favour of AMASICON 2011 payable at Coimbatore.

I agree the term and conditions

Place :

Date :

Signature of the Delegate

Duly filled Registration form should be mailed to  
**Dr.P.Senthilnathan**  
 Organizing Secretary, **AMASICON 2012**  
**GEM Hospital & Research Centre**  
 45, Pankaja Mill Road, Ramanathapuram, Coimbatore - 641045, Tamil Nadu, INDIA  
 Ph: 0422-4223330, 9842210174 Fax: 0422-2320879,  
 email: amasicon2012@gmail.com, Web: www.amasicon2012.com

**Cancellations and Refund Policy**

- Delegates unable to attend AMASICON 2012, after having paid their registration fee must provide a written request for their refund
- All approved refunds will be issued after the congress
- For cancellations received on or before 30th April 2012, an administration fee of Rs.500 will be deducted from paid fee.
- For cancellations received between 1st May to 30th June 2012 delegates will receive 50% refund.
- For cancellations received on or after 1st July, no refunds will be made.