



INDIAN HEALTHCARE QUALITY FORUM



Joint Commission International

Registration Form

Date / /

Delegate

TITLE (Prof. / Dr./ Mr./Mrs./Ms.) _____

FIRST NAME

MIDDLE NAME

FAMILY NAME

DESIGNATION _____

COMPANY / ORGANIZATION _____

MAILING ADDRESS _____ Pin/Zip Code _____

CITY _____ COUNTRY _____ (PASSPORT NO.) _____

TELEPHONE (IF ANY) _____ OFFICE _____

EMAIL _____

ACCOMPANYING PERSON (NAME) _____

REGISTRATION FEES (Please tick any of the following)

● Charges for the Conference and workshop

Conference : Rs. 3,000/-

Conference & Post Conference Workshop : Rs. 10,000/-

● Special Concession for the students

Conference : Rs. 1,000/-

Conference & Post Conference Workshop : Rs. 7,500/-

*No registration for workshop alone.

Mode of Payments :

Bank Draft

Bank draft in US\$ or Indian Rupee to be made in favor of “ _____ ”

and send it at Conclave Secretariat ,

Bank Transfer Details

Bank Name

Bank Account Number

Swift Code

Online Payment

Registration fee can be paid online by providing credit card details. Kindly visit our website www.eventsatihcqf.com and fill the registration form. **The registration form can be faxed at 91-124-4273736**