

Registration Form



Title: _____ First Name: _____ Last Name: _____
Designation: _____ Department: _____
Hospital / Institution: _____
State Medical Council Number: _____
Address: _____
City: _____ State: _____ Pin: _____
Email: _____ Mobile: _____
Delegate Type: IAA Life Member Non-IAA Member Post Graduate
IAA Life Membership No: _____
Registration Category: Non-Residential Package

Accompanying Person Details (If Any)

1. Name: _____ 2. Name: _____
Conference Fee: _____ Accompany Person Fee: _____ Total: _____
Mode of Payment: Cheque Bank transfer Date: _____

Bank Details

Account Name: IAACON 2023
Account No.: 0054104000202497
IFSC code: IBKL0000054
Bank Name: IDBI Bank Ltd, Fortis Mohali

Note: Registration is non-transferable and no refunds will be made.

Conference Secretariat

Dr. Manuj Wadhwa
Organising Secretary
MOB: 86996-86996, 99150-66665
EMAIL: iaacon2023@gmail.com



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