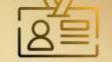
Registration Form



Title: Firs	t Name:	Last Name:	
Designation: Department:			
Hospital / Institution:			
State Medical Council Number:			
Address:			
City:	State:	Pin:	
		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 to	ransfer Date	: <u></u>

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



Vama Events Pvt. Ltd

Kohinoor Square Phase I, 1004, Dadar West, Mumbai **TEL:** + 022 35131930/31/52/33, 022 46052832

EMAIL: conferences@vamaevents.com

AACON 2023