



INSC 2020
XIV Indian National Stroke Conference
 20th – 22nd March 2020
 The Lalit Ashok Bengaluru
 Under the aegis of Indian Stroke Association
 & Bangalore Neurological Society

www.insc2020.com

DELEGATE REGISTRATION FORM

Name* Title _____ First Name _____ Last Name _____

Name as to appear on Badge/Certificate* _____

Designation* _____ Gender M F DOB* _____ Age* _____

Qualification* _____ Year* _____

Address* _____

City* _____ Postal Code* _____ State* _____

Country* _____

Telephone Phone Code _____ Ph no _____ Mobile* _____

Email Id* _____

State* _____

ISA Membership* Yes No If Yes, ISA Membership No* _____

State Council Reg No* _____

Part 2: Accompanying person information

1) Name _____ Gender M F

2) Name _____ Gender M F

3) Name _____ Gender M F

** Mandatory Fields

Please send duly filled registration form along with the payment to below mention address

Address: **Avyaya Medicon**

No 260, 1st Floor, 44th cross 5th block Jayanagar Bengaluru Karnataka-560041, Ph:
 9108790781/9538115187

Email: registrations@insc2020.com

REGISTRATION FEE

	Special Early Bird Offer	Regular	Spot Registration
Category	Valid upto 30-SEP-2019	From 01-Oct-2019 to 31-Jan-2020	01-Feb-2020 to 20-Mar-2020
ISA Members	Rs. 7670	Rs. 8850	
Non-Members	Rs. 8850	Rs. 10030	
PG Students	Rs. 6490	Rs. 7670	
Accompanying Person	Rs. 7434	Rs. 8614	
Spot Registration			Rs. 17700
Foreign Delegates	\$350	\$350	

Registration Fee Includes GST applicable as per Current Slab

PRE CONFERENCE WORKSHOP FEE

WORKSHOP	PRICE IN (INR)	PRICE IN (USD)
Neuro Intervention	Rs. 1770	\$ 25
Neuro Sonology	Rs. 1770	\$ 25
Post Stroke Rehabilitation	Rs. 1770	\$ 25

Registration Fee Includes GST applicable as per Current Slab

**Registration for conference is mandatory to enroll / Attend for Pre conference workshop.*

The Net Surplus arising out of the conference will be considered as corpus fund and the delegate hereby agrees to consider the Net Surplus, as Corpus fund and only interest arising out of Corpus fixed deposit could be used for the objectives of the society, the amount of corpus shall not be diluted for any reasons.

Part 3: Payment Information

Cheque/DD _____ Online _____ Cash _____

Please note registration will not be processed until realization of your payment.

Declaration: *I Hereby declare that all the above information mention are true and correct and I shall obey the rules, terms & Condition laid by the organizing committee I will not hold the organizing committee of INSC 2020 responsible for any incorrect information provided by me*

Delegate Name: _____ Date _____ Signature _____

Conference Bank Account Details

Name: **INSC 2020**

Account No: **2890101005671**

Bank Name: **Canara Bank**

Branch : **BGS HEALTH AND KNOWLEDGE CITY**

IFSC Code: **CNRB0002890**