



## PERSONAL DETAILS

Name	_____	Gender	Male / Female
Designation	_____	Department	_____
Hospital / Institution	_____	Mobile No	_____
Email	_____		
Address	_____		
	_____		
City	_____	Pin code	_____
State	_____	Country	_____
Medical Council No	_____	AORA Membership No	_____

## REGISTRATION FEE (08.07.2019 TO 31.12.2019)

Particular	AORA Members	Non AORA Members	Postgraduate Students	International Delegates
Conference	8260 INR	9940 INR	6490 INR	300 USD
Workshop	3540 INR	3540 INR	3540 INR	100 USD
Master Class	1062 INR	1062 INR	1062 INR	30 USD

## ACCOMPANYING PERSON FEE (INR 7080 / USD 300)

Name 1 \_\_\_\_\_ Age \_\_\_\_\_ Name 2 \_\_\_\_\_ Age \_\_\_\_\_

## GRAND TOTAL

Conference Fee \_\_\_\_\_ Workshop Fee \_\_\_\_\_ Master Class Fee \_\_\_\_\_ Accompanying Person Fee \_\_\_\_\_  
**Total Amount** \_\_\_\_\_

## MODE OF PAYMENT

### By Demand Draft / Cheque

Draw Cheque / DD in name of "Academy of Regional Anaesthesia (AORA)" payable at Chandigarh, India.

### By Bank Transfer

Account Name : Academy of Regional Anaesthesia (AORA)  
Account Number : 2845101009071  
IFSC Code : CNRB0002845  
Bank : Canara Bank, Punjab University Campus, Sector 14, Chandigarh, India, 160014.

### Please send your payment along with the filled registration form to

Prof. Kajal Jain  
Conference Organising Secretary  
Department of Anaesthesia and Intensive Care  
PGIMER, Chandigarh, India.

Mobile: + 91-98145 28468  
Email: [orachd2020@gmail.com](mailto:orachd2020@gmail.com)

For online registration please visit [www.aoraindia2020.com](http://www.aoraindia2020.com)