



38th ANNUAL CONVENTION OF NATIONAL NEONATOLOGY FORUM (NEOCON 2018 & ANNUAL UP STATE NEOCON 2018)

Organised by: NNF UP State & NNF Varanasi

13 - 16 December, 2018, Venue: Hotel Taj Ganges, Varanasi



REGISTRATION FORM

(Please write in **BLOCK** Letters)

Receipt No. _____ Registration No. _____ Date: _____

Title: Dr. Prof. Mr. Mrs. *Please tick as appropriate*

Name*: First: _____ Middle: _____ Last: _____

Nationality*: Indian Foreign

Regular Delegate PG Student Sr. Citizen Trade Delegate
 Nurse Accompanying Person Foreign Delegate

Workshop Yes No

CIAP Member: Yes No If yes Mem. No. _____

NNF Member: Yes No If yes Mem. No. _____

Age: _____ Sex: _____

Postal Address*: _____

State: _____ Country: _____ Pin Code*: _____

Mobile*: _____ Landline: _____

E-mail Id*: _____

Food Preference: Veg Non Veg Jain

Accompanying Person:

1. Name: _____ DOB: _____ Sex: _____ Relation: _____

2. Name: _____ DOB: _____ Sex: _____ Relation: _____

3. Name: _____ DOB: _____ Sex: _____ Relation: _____

All Star () marked are compulsory to fill*

Registration Details

Category	1 st Feb, 2018 to 30 th Apr, 2018	1 st May, 2018 to 31 st July, 2018	1 st Aug, 2018 to 31 st Oct, 2018	Onsite 1 st Nov. 2018 Onwards
NNF members	<input type="checkbox"/> 8000	<input type="checkbox"/> 10000	<input type="checkbox"/> 12000	<input type="checkbox"/> 15000
Non NNF members	<input type="checkbox"/> 9000	<input type="checkbox"/> 11000	<input type="checkbox"/> 14000	<input type="checkbox"/> 17000
PG Student	<input type="checkbox"/> 7000	<input type="checkbox"/> 9000	<input type="checkbox"/> 11000	<input type="checkbox"/> 14000
Accompanying person & child (>5 yrs)	<input type="checkbox"/> 9000	<input type="checkbox"/> 11000	<input type="checkbox"/> 13000	<input type="checkbox"/> 16000
IAP Members senior citizen (>70 yrs) with age proof	Free	Free	<input type="checkbox"/> 6000	<input type="checkbox"/> 6000
Faculty	<input type="checkbox"/> 6000	<input type="checkbox"/> 6000	<input type="checkbox"/> 6000	<input type="checkbox"/> 6000
Corporate (Pharma)	<input type="checkbox"/> 10000	<input type="checkbox"/> 12000	<input type="checkbox"/> 14000	<input type="checkbox"/> 17000

Workshop: 13th December, 2018

	1 st Feb, 2018 to 31 st July, 2018	1 st Aug, 2018 to 11 th Dec, 2018
Delegates	<input type="checkbox"/> 2500	<input type="checkbox"/> 3500
PG student / fellow	<input type="checkbox"/> 2000	<input type="checkbox"/> 3000

Workshop Courses Please tick any one of following courses

- | | |
|---|--|
| <input type="checkbox"/> Research Methodology | <input type="checkbox"/> Common NICU Procedures and Neonatal Transport |
| <input type="checkbox"/> Basic Ventilation (2 days)** | <input type="checkbox"/> Enteral and Parenteral Nutrition |
| <input type="checkbox"/> Advanced Neonatal Ventilation | <input type="checkbox"/> Infection Control Practices in Neonatal Intensive Care Unit |
| <input type="checkbox"/> Non Invasive ventilation | <input type="checkbox"/> Neurodevelopmental Assessment & Follow up of High Risk new-born |
| <input type="checkbox"/> Neonatal Emergency Simulation Training (NEST) | <input type="checkbox"/> Point of Care Neonatal Ultrasound and Functional ECHO |
| <input type="checkbox"/> KMC and the Lactation (Nurses and Doctors) | <input type="checkbox"/> Neonatal Nursing |
| <input type="checkbox"/> Therapeutic Hypothermia in resource Limited settings | <input type="checkbox"/> Quality Initiatives in Neonatology |

**All the workshops will be ONE day except Basic Ventilation which will be 2 days.

Note: If number of delegate will be less for that particular workshop, that workshop will be cancel without any prior notice and delegate will be shift in 2nd preferred workshop.

Amount Paid

1. As Delegate: ₹ _____

1. As Workshop: ₹ _____

1. As Accompanying Person: ₹ _____

} **Total ₹** _____

Mode of Payment: (Tick) In favor of 'NEOCON 2018' Payable at Varanasi.

- Cash DD Card Cheque
- Mobile Banking Bank Transfer: RTGS NEFT

Bank name: _____ Address: _____ Date: _____

Transaction Reference No. _____

Bank Details

Account Name	: NEOCON 2018 (Saving Account)	Saving Account no.	: 386901000211
Bank Name	: ICICI Bank Ltd.	IFSC Code	: ICIC0003869
Branch Name	: Sikarul, Varanasi	MICR	: 221229011
		Swift Code	: ICICINBBXXX

Chief Organizing Secretary : **Dr Ashok Rai** - 9415201567

Organizing Secretary : **Dr Alok C Bhardwaj** - 9335625522

: **Dr D M Gupta** - 9415448699

Registration Guideline

* Delegate Kit for spot registration is subject to availability.

* Registration charge including 18% GST.

* Child below 5 years needs to submit age proof.

* PG Students should submit the bonafide certificate from Head of the Department/Institution along with Registration form.

* Senior citizens need to submit their age proof.

Cancellation Policy

50% refund before 30th June 18

25% refund if before 31st Oct 18

No refund after 1st Nov 18

No cancellation/ refund for Workshop.

Office Secretariat:

Indian Institute of Cerebral Palsy & Handicapped Children

C- 8, Kamla Nager (Behind Kashi Vidyapeeth),

Varanasi- 221002, Uttar Pradesh

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