



# 38<sup>th</sup> 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 <sup>st</sup> Feb, 2018 to 30 <sup>th</sup> Apr, 2018	1 <sup>st</sup> May, 2018 to 30 <sup>th</sup> July, 2018	1 <sup>st</sup> Aug, 2018 to 31 <sup>st</sup> Oct, 2018	Onsite 1 <sup>st</sup> 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: 13<sup>th</sup> December, 2018

	1 <sup>st</sup> Feb, 2018 to 31 <sup>st</sup> July, 2018	1 <sup>st</sup> Aug, 2018 to 11 <sup>th</sup> 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"/> Quality Initiatives in Neonatology                     |
| <input type="checkbox"/> Basic Ventilation (2 days)                    | <input type="checkbox"/> Neuro Developmental Assessment & Management Strategies |
| <input type="checkbox"/> Advanced Neonatal Ventilation                 | <input type="checkbox"/> Therapeutic Hypothermia in Resource Limited Settings   |
| <input type="checkbox"/> Non Invasive Ventilation                      | <input type="checkbox"/> Office Practice in Neonatology                         |
| <input type="checkbox"/> Neonatal Emergency Simulation Training (NEST) | <input type="checkbox"/> Enteral & Parenteral Neonatal Nutrition                |
| <input type="checkbox"/> Point Of Care: Ultrasound & Echo              | <input type="checkbox"/> Kangaroo Mother Care & Lactation                       |
| <input type="checkbox"/> Infection Control Practices in NICU           | <input type="checkbox"/> Neonatal Nursing                                       |
| <input type="checkbox"/> Neonatal Procedures                           |   |

## 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

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

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

Office Staff:

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