



REGISTRATION FORM:-

1. Title Dr/Mr./Ms _____
2. First Name _____
3. Last Name _____
4. Designation _____
5. Organization/Hospital/Institute _____
6. Mailing Address _____
- City: _____ Zip code: _____ Country: _____
7. Telephone : (country code) _____ (area code) _____ (number) _____
8. Fax: (country code) _____ (area code) _____ (number) _____
9. Email: _____ Mobile / Cell: _____

10. PAYMENT DETAILS

Beneficiary Account Name: FICCI
Bank Account number: 000 30350015219
Beneficiary Bank Name: HDFC BANK LTD.
Bank Address: G-3-4, Suryakiran Building, 19, Kasturba Gandhi Marg, New Delhi - 110001
Account Type: Current A/c
IFSC Code: HDFC0000003
SWIFT Code: HDFCINBBDEL
Name of Intermediary Bank: JPMorgan Chase Bank, NEW YORK
Intermediary Bank Swift Code: CHASUS33
A/c No. of Beneficiary's Bank with Intermediary Bank or use link: 001-1-406717

Indian Delegate *- INR 5000/- Five Thousand per Delegate + Service Tax @ 15%
(Early Bird Discount @ 10% upto Dec 31, 2016)

Foreign Delegates: - USD 100/- Per Delegate

PS: All Doctors & Delegates from Govt. of India, State Government & Students are exempted from any delegate fees.

For information relating to Conference Please contact:-

FICCI Medical Device Forum
Federation of Indian Chambers of Commerce & Industry FICCI
Federation House, Tansen Marg, New Delhi - 110001
Tel. 011-23487493, 23738760-70 (Extn: 512, 493)

Fax: 011-23721504, 23320714

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