



Group Registration Form – SAARC Member Countries

(Afghanistan, Bangladesh, Bhutan, India, Nepal, the Maldives, Pakistan, Sri Lanka)

Please clearly complete this form in BLOCK CAPITALS:

ISPAD 2018 – Registration Department (for SAARC Member Countries only)
c/o KW Conferences Pvt. Ltd.

A-56/12, DLF Phase-I
Gurugram – 122 002 (Haryana)
Fax: +91 124 410 2075

Email: saarc-registration-ispad2018@kwconferences.com
Please type or point clearly in BLOCK CAPITALS.

Company Contact

**Mandatory*

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Prof.	<input type="checkbox"/> Dr.
Last name*: _____		First name*: _____	
Company: _____			
Department: _____			
Street / P.O. Box*: _____			
Zip Code*: _____	City*: _____	Country*: _____	
Telephone (country code): _____	City Code: _____	Number: _____	
Fax (country code): _____	City Code: _____	Number: _____	
Email*: _____			

Agency Contact

**Mandatory*

If you are an agency representing a company, please indicate the name of the company you are representing:

Billing Address

(if not similar to Company Contact)

Company: _____		
Department: _____		
Street / P.O. Box: _____		
Zip Code: _____	City: _____	Country: _____
P.O. Number: _____		



Registration Fees

	Early Fee until July 12, 2018	Standard until September 12, 2018	Late Fee until October 4, 2018
ISPAD Member	___ x 14,000 INR	___ x 24,000 INR	___ x 34,000 INR
Non Member	___ x 21,000 INR	___ x 36,000 INR	___ x 51,000 INR
ISPAD Member ISPAD Member under 40**, Student**, Nurse**, Young Physician**, Psychologist, Dietitian**	___ x 7,000 INR	___ x 12,000 INR	___ x 17,000 INR
Non Member Student**, Nurse**, Young Physician**, Psychologist, Dietitian**	___ x 14,000 INR	___ x 24,000 INR	___ x 34,000 INR

** Proof required (please refer to the General Terms & Conditions for more information)

Payment in INR only

Total amount due in INR: _____

I will transfer the total amount to the following bank account*:**

Bank Name: Axis Bank Ltd.
 Account Holder: KW Conferences Pvt. Ltd.
 Branch Address: B-81, Defence Colony, New Delhi - 110024
Bank Account Number: 3570 1020 000 0578
IFSC Code: UTIB0000357
SWIFT-CODE: AXISINBB357
 Reference: Group name, Group Number, ISPAD 2018

***** All bank fees are to be paid by the transmitter.**



Acceptance of Privacy Policy and Terms & Conditions

*Mandatory

By signing this form, I have read and accept the General Terms & Conditions, including liabilities, cancellation and payment policies, without any restrictions and I confirm the above bookings. I confirm that all group members have been informed about it, and have agreed to its stipulations and procedures. **[Mandatory]**

By signing this form, I agree that all data provided may be used (saved, stored, processed, transmitted and deleted) and shared with partners/suppliers in compliance with the Privacy Policy to allow for the bookings of my group members. Furthermore, the provided data for my group members may be shared with the host society or a sister society. I confirm that all group members have been informed about the privacy policy, and have agreed to its stipulations and procedures. **[Mandatory]**

I agree that my group members will receive further information about activities from sponsors and exhibitors that will be sent through the congress organizer. I confirm that all group members have been informed about it, and have agreed to its stipulations and procedures.

- I agree
- I disagree

I agree that the contact details I have provided for my group members may be used to send information via e-mail/newsletter/post about the host society, follow-up events, or related news. My data may be passed on to third parties for these purposes only. I confirm that all group members have been informed about it, and have agreed to its stipulations and procedures.

- I agree
- I disagree

A conflict of interest is defined as the existence of any significant interest or other relationship with the manufacturer(s) of any commercial product(s). **[Mandatory]**

- I confirm there is no conflict of interest relative to my registration
- I confirm there is a conflict of interest relative to my registration

If none of the above boxes have been checked, it will be assumed that your authorisation has been granted.

Place, Date*: _____

Signature*: _____