AP ASICON 2019
42nd Annual State Conference of ASI AP Chapter
VIJAYAWADA

Dates: 23rd - 25th August 2019
Venu: K L University, Vaddeswaram, Green Fields.

Registration Form

Please Fill in Block Letters

Name: ________________________________________________________________________________________________________________*
Institution _____________________________________________________ Designation __________________________________________
Address ______________________________________________________________________________________________________________*
City* ___________________________________________________ Pincode: _____________________________________________________*
Mobile No* _______________________________________ E Mail______________________________________________________________*
ASI Member : Yes [ ] NO [ ] Membership No.: _____________________________________________________________
APMC Registration No.: ________________________________________________________________
Registration Category : [ ] ASI Member [ ] Non ASI [ ] PG Student [ ]
Food Preference: [ ] Veg [ ] Non Veg

<table>
<thead>
<tr>
<th>Delegate</th>
<th>Upto 31st May 2019</th>
<th>June 1st - 31st July</th>
<th>SPOT</th>
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<tr>
<td>ASI Member</td>
<td>₹ 3,000</td>
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<td>Non-ASI Member</td>
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<td>PG Student</td>
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<td>Accompanying Person</td>
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PG Students’s should furnish bonafide certificate/letter signed by HOD of Department

Amount: ___________________________ Mode of Payment: DD/Cheque/Online/Cash/Card

DD/Cheque/Bank Transfer Transaction No.: ___________________________

(DD/Cheque should be in favour of APASICON 2019, Payable at Vijayawada)

Please submit the duly filled form to:

Conference Secretariat
Andhra Hospitals,
CVR Complex, Governorpet,
Vijayawada - 520002

Last date of abstract submission 31st July 2019
Conference attendees will be awarded 6 credit hours by APMC

For any Registration queries contact: 9505745946 / 9491476008 / 9550046660
Website: www.apasicon2019vijayawada.com