



AHPI GLOBAL CONCLAVE-2019



Outcome Based Healthcare Delivery Systems

15-16 February 2019

Hotel Radisson Blu, Kaushambi (Delhi NCR)

(Fee is inclusive of GST)

Registration Details

Delegate Fee:

- + Rs.4000 per delegate
- + Rs 3500 per delegate if 3-or more delegates from same hospital
- + Rs.3000 per Student (Limited Seats)
- + Foreign Delegates US\$ 100 per delegate

Please tick (✓) the relevant category:

I will attend as delegate / We are nominating the following from our Organization / company to attend the conclave:

Full Name.....

Designation.....Organization / Company.....

Mailing Address.....

City.....Phone.....

Mobile No. E Mail ID

I am enclosing a sum of(Rupees.....)
as cash/cheque/DD/ RTGS No. dated
in favour of "Association of Healthcare Providers (India)" payable at New Delhi.

NEFT/ RTGS (Bank Transfer) Details :

A/C Name : Association of Healthcare Providers (India)

A/C No : 038601002052

Bank Name : ICICI Bank

RTGS/NEFT IFS Code : ICIC0000386

Note:

- > All payments are made in favour of "Association of Healthcare Providers (India)" payable at New Delhi.
- > All Registrations from one organization should be confirmed through a single letter or email.
- > Fee is Non-Refundable, however the change in nomination is accepted.

Complete the Registration Form and mail it to:

Mr. Shikhar Gupta - Assistant Director

email: shikhar.ahpi@gmail.com

Mob : + 91-9540859694

Association of Healthcare Providers (India)

Second Floor, Indian Medical Association House,

Indraprastha Marg New Delhi -110002

Phone: +91-11-23379651 | email: contact@ahpi.in | Web: www.ahpi.in