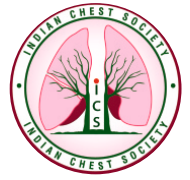


Coimbatore NAPCON 2024

26TH JOINT NATIONAL CONFERENCE ON PULMONARY DISEASES UNDER THE AEGIS OF NATIONAL COLLEGE OF CHEST PHYSICIANS (INDIA) AND INDIAN CHEST SOCIETY



THEME : GLOBAL INSIGHTS IN PULMONOLOGY : BRIDGING BORDERS FOR BETTER BREATHING

Date : 21st-24th November 2024 | Venue : PSG Institute of Medical Sciences and Research, Coimbatore

REGISTRATION FORM (PLEASE FILL IN CAPITAL LETTER)

PAN* (Mandatory)

Title: Prof. Dr. Mr. Ms. Mrs. Gender: Male Female DOB: _____

First Name*: _____ Last Name: _____

Institute/ Hospital: _____ Designation: _____

Postal Address: _____

City: _____

State: _____ Pin: _____ Country: _____

Membership No. (NCCP/ICS)*: _____ Medical Council No. (State): _____

Example : 12345 (Tamil Nadu)

Mobile*: _____ E-mail*: _____

ACCOMPANYING PERSONS

| Name | Age | Male | Female |
|--------------|-------|--------------------------|--------------------------|
| 1. Name..... | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Name..... | | <input type="checkbox"/> | <input type="checkbox"/> |

REGISTRATION FEES

| CATEGORY | EARLY BIRD REGISTRATION UNTIL 15/07/2024 | FROM 16/07/2024 TO 01/11/2024 | SPOT REGISTRATION |
|--|--|-----------------------------------|-----------------------------------|
| NCCP / ICS MEMBERS <input type="checkbox"/> | ₹ 12,000 <input type="checkbox"/> | ₹ 14,000 <input type="checkbox"/> | ₹ 18,000 <input type="checkbox"/> |
| NON MEMBERS <input type="checkbox"/> | ₹ 15,000 <input type="checkbox"/> | ₹ 18,000 <input type="checkbox"/> | ₹ 22,000 <input type="checkbox"/> |
| ACCOMPANYING PERSON <input type="checkbox"/> | ₹ 8,000 <input type="checkbox"/> | ₹ 10,000 <input type="checkbox"/> | ₹ 14,000 <input type="checkbox"/> |
| PG RESIDENTS <input type="checkbox"/> | ₹ 8,000 <input type="checkbox"/> | ₹ 10,000 <input type="checkbox"/> | ₹ 14,000 <input type="checkbox"/> |
| CORPORATE DELEGATES <input type="checkbox"/> | ₹ 20,000 <input type="checkbox"/> | ₹ 25,000 <input type="checkbox"/> | ₹ 30,000 <input type="checkbox"/> |
| SAARC COUNTRIES <input type="checkbox"/> | \$ 400 <input type="checkbox"/> | \$ 500 <input type="checkbox"/> | \$ 600 <input type="checkbox"/> |
| NON SAARC COUNTRIES <input type="checkbox"/> | \$ 500 <input type="checkbox"/> | \$ 600 <input type="checkbox"/> | \$ 700 <input type="checkbox"/> |
| FOREIGN ACCOMPANYING PERSON <input type="checkbox"/> | \$ 350 <input type="checkbox"/> | \$ 400 <input type="checkbox"/> | \$ 500 <input type="checkbox"/> |

WORKSHOP REGISTRATION DETAILS

| TOPIC | Fee | TOPIC | Fee |
|-------------------------------|-------------------------------------|-------------------------------|-------------------------------------|
| ADVANCED BRONCHOSCOPY (EBUS) | ₹ 6,000.00 <input type="checkbox"/> | MEDICAL THORACOSCOPY | ₹ 6,000.00 <input type="checkbox"/> |
| ADVANCED BRONCHOSCOPY (RIGID) | ₹ 6,000.00 <input type="checkbox"/> | LUNG TRANSPLANTATION AND ECMO | ₹ 5,000.00 <input type="checkbox"/> |
| POLYSOMNOGRAPHY AND NIV | ₹ 5,000.00 <input type="checkbox"/> | THORACIC ULTRASOUND | ₹ 5,000.00 <input type="checkbox"/> |
| ALL ABOUT ILD | ₹ 5,000.00 <input type="checkbox"/> | CHEST IMAGING | ₹ 5,000.00 <input type="checkbox"/> |
| BASIC BRONCHOSCOPY | ₹ 4,000.00 <input type="checkbox"/> | MECHANICAL VENTILATION | ₹ 4,000.00 <input type="checkbox"/> |

PULMONARY REHABILITATION

₹ 3,000.00

PFT (SPIROMETRY, FOT, LUNG VOLUMES, DLCO)

₹ 3,000.00

ALLERGY AND IMMUNOTHERAPY

₹ 3,000.00

RESEARCH METHODOLOGY AND ART OF MEDICAL WRITING

₹ 2,000.00

***The above fee is inclusive of 18% GST.**

***A delegate can attend/register only one workshop**

I am enclosing herewith details of Cheque/Demand Draft/Online Payment.....dated.....
of Rs.....(in words:.....only)
drawn on bank.....In favour of "**NATIONAL COLLEGE OF CHEST PHYSICIANS INDIA - A/C NAPCON 2024**" payable at Coimbatore.

*Membership number is mandatory.

**Please mention mobile number and mail ID for better communication.

***PG Student/Resident should attach a certificate from their Head of Department/ Institution.

Signature

PAYMENT DETAILS

ACCOUNT NAME : NATIONAL COLLEGE OF CHEST PHYSICIANS INDIA-A/C NAPCON 2024

BANK : AXIS BANK | BRANCH : VADAVALLI, COIMBATORE

ACCOUNT NUMBER : 923010065024695

IFSC : UTIB0003080

MICR CODE : 641211017

PAN : AAATN7974L

REGISTRATION GUIDELINES

- All faculties & delegates members must register for the conference.
- The PAN CARD number is mandatory for conference registration to comply with income tax rules.**
- Registration fees include admission to the scientific halls, trade exhibition, inaugural function, lunch, banquet and delegate kit.
- Accompanying person will not be entitled for the delegate kit.
- Provide us your updated email id & mobile number, as it will be used for the registration receipt and other conference communication.
- Organizing committee shall not be liable in any form in case of changes in date / venue due to unforeseen reasons.
- Conference organizers are not responsible for postal delays / failure of delivery by post or failure of electronic communication.

CANCELLATION & REFUND POLICY

- Requests for cancellation for refunds must be emailed to the office@napcon2024.in
- 50% of the registration fee will be deducted for cancellations made up to 15th July 2024.
- 75% of the registration fee will be deducted for cancellations made up to 14th October 2024.
- No refund will be made for the requests sent after 15th October 2024.
- GST / bank charges/ online charges will be non-refundable.
- Registration is not transferable.
- Refunds will be made one month after conference completion.

***Please send duly filled Registration form along with Cheque or DD in favour of "National College of Chest Physicians India - NAPCON 2024" payable at Coimbatore.**

Signature

For Office use only:

Date:.....

Receipt No.:.....

Registration No.:.....



REGISTERED ADDRESS

RK CHEST CLINIC
36, Ashok Nagar, Madukkarai Main Road,
Opposite Sree Abirami Hospital, Sundarapuram,
Coimbatore-641024
Mob : +91 94868 24674
Email : office@napcon2024.in

CONFERENCE SECRETARIAT

OFFICE OF THE MEDICAL SUPERINTENDENT
(Clinical Services), 2nd floor, B Block,
PSG Hospitals, Coimbatore-641004
Mob : +91 8947050003
Email : napcon2024@gmail.com

CHAIRMAN OFFICE

Room No. 313, Onecare Medical Center,
Saibaba Colony, Coimbatore-641011
Mob : +91 63698 90824
Email : napconchairmancoimbatore2024@gmail.com