

Twelfth South Asian Conference on
CLINICAL ULTRASONOGRAPHY IN PRACTICE
CUSP 2010

24th — 26th September 2010, Kamaraj Memorial Auditorium, Chennai, India

DELEGATE REGISTRATION FORM				
<ul style="list-style-type: none"> Please fill in all the details. Kindly type or write legibly in bold letters All payments must be in favour of "CUSP 2010". Post the completed form and your payment in the enclosed self addressed envelope. 				
DELEGATE'S FULL NAME:				
ADDRESS :				
CITY :		STATE :		ZIP / PINCODE :
COUNTRY :		PHONE (RES):	CLINIC :	FAX :
EMAIL :			FOOD PREFERENCE : VEG / NON VEG	
DETAILS OF PAYMENT				
I am attending (circle relevant items) (Delegates can register for only 1 workshop) <i>Note: Delegates are requested to check the venue of the workshops in the information brochure</i>	Till 10/09/2010 (Rs.)	From 11/09/2010 (Rs.)	Till 10/09/2010 (US \$)	From 11/09/2010 (US \$)
24th Sept. <input type="checkbox"/> 1a. Workshop on antenatal screening - Current concepts	2800	3000	200	225
<input type="checkbox"/> 1b. Workshop on current technologies in ultrasound				
<input type="checkbox"/> 2. 25th Ultrasound in Obstetrics & Gynaecology	2250	2500	150	175
<input type="checkbox"/> 3. 26th General / Abdominal / Vascular Ultrasound	2250	2500	150	175
<ul style="list-style-type: none"> ALL THREE DAYS 	6800	7500	450	500
<ul style="list-style-type: none"> If post graduate / trainee / accompanying person attending one workshop and conference One / Two days, deduct Rs. 500/- from the total calculated amount. PGs require letter from the HOD / Dean of the Institute. If accompanying person is a doctor, he / she will not be permitted to attend the scientific session unless registered as a delegate. Every confirmed registration if cancelled and due information in writing of such cancellation is received by conference secretariat on or before September 10th 2010, will receive a refund of 75% of the amount. ANY CANCELLATION AFTER September 10th 2010, WILL NOT BE ELIGIBLE FOR REFUND. The above reimbursement will be done only after 31st October 2010. 				
TOTAL PAYMENT ENCLOSED				
Payment to be made by demand draft favouring: "CUSP 2010" / Online payment — www.cusp.org.in Bank name : _____ Number : _____ Date : _____			For office use only : DD recd. On _____ Issuing bank _____ Receipt # _____ Remarks _____	
Signature of the delegate : _____ Date : _____				
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