

**Combined Annual Meeting of  
The Asian Society for Cardiovascular and Thoracic Surgery (18<sup>th</sup>)  
&  
Indian Association of Cardiovascular Thoracic Surgeons (56<sup>th</sup>)  
26<sup>th</sup> February - 1st March 2010, New Delhi, India**

**Photo  
Mandatory**

Sign Across  
the photo

Registration ID -----

**SECTION – A Delegate's Details**

Title  Prof  Dr  Mr  Mrs  Ms

Name (as in passport): \_\_\_\_\_

Hospital / Institution: \_\_\_\_\_

Mailing Address (please indicate home/office): \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ County : \_\_\_\_\_

Tel : \_\_\_\_\_ Fax : \_\_\_\_\_

E-mail Address: \_\_\_\_\_

I am submitting ----- abstract (s)

**SECTION – B Registration Details (tick where appropriate)**

| Part – I Main congress   |         |       | Upto 30/11/09 | Upto 31/1/10 | Spot |
|--|---------|-------|---------------|--------------|------|
| <input type="checkbox"/> Member ASCVS/IACTS                                | Indian  | INR   | 6000          | 7000         | 8000 |
|  | Foreign | US\$  | 400           | 500          | 600  |
| <input type="checkbox"/> Non Member Physician                              | Indian  | INR   | 7000          | 8000         | 9000 |
|  | Foreign | US\$  | 500           | 600          | 700  |
| <input type="checkbox"/> Resident / Student*<br>Paramedics / perfusionists | Indian  | INR   | 3000          | 3500         | 4000 |
|  | Foreign | US\$  | 200           | 300          | 400  |
| <input type="checkbox"/> Spouse / AP                                       | Indian  | INR   | 4000          | 4000         | 4000 |
|  | Foreign | US\$  | 200           | 200          | 200  |
| <b>Part – II Videotech course 26/2/2010</b>                                |         |       |               |              |      |
|  | Indian  | INR   | 2000          | 2500         | 3000 |
|  | Foreign | US \$ | 100           | 150          | 200  |
| <b>Total</b>   |         |       |               |              |      |
| <b>Part - III Traders</b>  |         |       |               |              |      |
|  | Indian  | INR   | 7000          | 8000         | 9000 |
|  | Foreign | US\$  | 500           | 600          | 700  |

**SECTION – C Payment details (No cheques)**

**Payment INR / US \$**

**(Bank Draft in favor of ASCVS-IACTS-2010, Payable at New Delhi)**

Bank Draft No. ----- Date ----- Bank Name-----

Bank Transfer : Pay to "ASCVS-IACTS-2010", Current A/C No.30367541825-

Bank Swift Code No.: SBININBB545

For online payment please go though <http://www.alpcord.com/payment2.html>

I authorize the ----- to charge the grand total payment of INR / US\$ ----- to my credit card

Card No. ----- Expiry date ----- CCV No. : -----

Card holder's full name ----- Signature of card holder -----

**\* Paramedics/Nurses /Students should enclose a letter from their Head of Department of their institution**

**Please return registration from with payment to Secretariat:**

**CTCOMCON 2010, A - 4 (Basement), Yojana Vihar, Delhi-110092**

**Telefax: 011- 22142002 (Direct), Phone: 011- 22141001, 011- 22163057**

**E-mail: ctcomcondelhi2010@gmail.com, Website: www.ctcomcon2010.com**