

HEATS-30

Registration Form 'Comprehensive Medical Equipment Management System' (CMEMS)

Date : 12th May, 2018 (Saturday)

Venue : **Hilton Garden Inn
Punnen Rd, Statue, Palayam,
Thiruvananthapuram, Kerala 695039**

Title : Mr. / Ms. / Mrs. / Dr. / Prof.

Name (In Capital letters) : _____

Designation and Speciality : _____

Name of Institution : _____

Address : _____

City : _____ **Pin-code** : _____

State : _____ **Country** : _____

Mobile: _____ **Email-id** : _____

Details of registration paid:

Please tick the mode of payment: DD / E-payment

No: _____ **Date** : _____

Bank: _____

Note:

Registration fee:

Professionals : Rs. 1500/-

Students : Rs.750/-

(EMBS student members will be reimbursed Rs. 250/- on producing copy of ID/ membership card). Payment can be made as DD or Online payable at

Indian Overseas Bank, Trivandrum Main Branch,

IFSC Code: IOBA 000 0099.

Current Account No: 0099 0200 001006

You are requested to mail a copy of the duly filled Registration Form with proof of payment made on or before 7th May 2018 to "cmems2018@gmail.com".

Please submit the original transaction receipt of the payment at the registration counter at Hilton Garden Inn.

For more details contact Finance Chair, Mob: +91 96333 78022.

Registration time: 08:00 AM to 08:45 AM on 12th May 2018.