

REGISTRATION FORM

Fill in capital letters

*Mandatory Fields

Personal Details: Dr. Prof. Mr. Mrs.

Name:* _____

Address:* _____

City:* _____ State:* _____ Pin Code:* _____

Mobile:* _____ E-mail:* _____

AHRS Membership No.: _____ MCI / State Medical Council Reg.No.: _____ State _____

Accompanying Person: 1. _____ 2. _____

3. _____ 4. _____

GST Number: _____

Registration Details:

Category	Up to 30 st Sept. 2019	Up to 15 st Dec 2019	Up to 14 th Feb. 2020	Spot Registration subject to availability
Residential Registration Charges				
Members (Twin sharing)	<input type="checkbox"/> ₹ 28,000	<input type="checkbox"/> ₹ 32,000	<input type="checkbox"/> ₹ 35,000	<input type="checkbox"/> ₹ 39,000
Members (Single occupancy)	<input type="checkbox"/> ₹ 36,000	<input type="checkbox"/> ₹ 40,000	<input type="checkbox"/> ₹ 43,000	<input type="checkbox"/> ₹ 45,000
Non Members	<input type="checkbox"/> ₹ 32,000	<input type="checkbox"/> ₹ 36,000	<input type="checkbox"/> ₹ 39,000	<input type="checkbox"/> ₹ 42,000
Non-Members (Single occupancy)	<input type="checkbox"/> ₹ 39,000	<input type="checkbox"/> ₹ 43,000	<input type="checkbox"/> ₹ 45,000	<input type="checkbox"/> ₹ 48,000
Acc Persons	<input type="checkbox"/> ₹ 25,000	<input type="checkbox"/> ₹ 27,000	<input type="checkbox"/> ₹ 29,000	<input type="checkbox"/> ₹ 31,000
Non-Residential Registration Charges				
Members	<input type="checkbox"/> ₹ 22,000	<input type="checkbox"/> ₹ 26,000	<input type="checkbox"/> ₹ 29,000	<input type="checkbox"/> ₹ 33,000
Non Members	<input type="checkbox"/> ₹ 26,000	<input type="checkbox"/> ₹ 30,000	<input type="checkbox"/> ₹ 34,000	<input type="checkbox"/> ₹ 36,000
Acc Persons	<input type="checkbox"/> ₹ 20,000	<input type="checkbox"/> ₹ 21,000	<input type="checkbox"/> ₹ 22,000	<input type="checkbox"/> ₹ 25,000
BLS Course on 5th March				
AHRS Members	<input type="checkbox"/> ₹ 4,000	<input type="checkbox"/> ₹ 5,000	<input type="checkbox"/> ₹ 6,000	<input type="checkbox"/> ₹ 7,000
Non-Members	<input type="checkbox"/> ₹ 5,000	<input type="checkbox"/> ₹ 6,000	<input type="checkbox"/> ₹ 7,000	<input type="checkbox"/> ₹ 8,000

Note: Above registration amount is inclusive of 18% GST

Payment Options:

Online

For registering and making the payment online, kindly log on to www.haircon2020.com

Cheque / Demand Draft

Cheque / Demand Draft in favor of "HAIRCON 2020" Payable at Mumbai and should sent to below mentioned address of Conference Manager.

Cheque / DD No: _____

Dated: ____ / ____ / _____ Bank : _____

Amount: _____

Bank Transfer

You can pay by Bank Transfer using the following details:

Account Name : HAIRCON 2020
Account No : 50200040759944
Bank Name : HDFC Bank
GST Number : 27AABAA8112F1Z6
Account Branch : Andheri East - Sahar Road
Address : National House, Plot No 13/14/15, Sahar Road Junction, Western Express Highway,
Vileparle-e, Mumbai 400057, Maharashtra
Phone no : 022-61606161
RTGS/NEFT IFSC: HDFC0000668
MICR : 400240096

Date: _____

Signature: _____

Please send the Cheque / DD and Bank transfers slip along with registration form at the below mentioned address of Conference Secretariat:

Conference Co-ordinator
Mr. Swapnil Mhatre
M: +91 8655564901

Organizing Secretary
Dr. Kiran Naik
M: +91 9820145053

Joint Organizing Secretary
Ms. Arohi Dhama
M: +91 9967550000

Organizing Chairman
Dr. Sandeep Sattur
M: +91 9821259300

Conference Secretariat
Dr. Sandeep Sattur
Hairrevive - Centre for Hair Restoration and Skin Rejuvenation
103, Options Commercial Complex,
Dr Vasant Avsare Marg, Milan Subway Road,
Santacruz West, Mumbai 400054.
Ph: +91 22 26136575

Official Conference Manager



MCI GeTS India Pvt. Ltd.

Website: www.mci-group.com