



# SNVICON MUMBAI 2019

JUNE 14 - 16, 2019 | HOTEL GRAND HYATT, MUMBAI

## REGISTRATION FORM

Surname\*: ..... First Name\*: .....

Postal Address\*: .....

..... City\*: ..... Pincode\*: .....

State\*: ..... Country\*: ..... PAN Card No\*: .....

Tel. (with area code): Residence: ..... Office: .....

Active E-mail ID\*: ..... Mobile\*: .....

All future communications will be through email and mobile via SMS.

Accompanying person Name: 1. .... 2. ....

Preferred Room Partner (in case of twin sharing occupancy): .....

Category: (Please ✓ mark in the box)  INDIAN  INTERNATIONAL

### NON-RESIDENTIAL (CONFERENCE ONLY)

Delegate  Resident & Fellows

### RESIDENTIAL (3 NIGHTS / 4 DAYS)

Twin Sharing (per person)  Single Occupancy  Delegate + 1 Accompanying person

### RESIDENTIAL (2 Nights / 3 Days)

Twin Sharing (per person)  Single Occupancy  Resident & Fellows (Twin Sharing / Per Person)  
 Delegate + 1 Accompanying person

### WORKSHOP

Delegate  Resident & Fellows

ONLY STROKE AWARENESS PROGRAM WITH GALA DINNER  STROKE CME ON JUNE 16, 2019

Mode of Payment: Cheque / DD No. .... Dated ..... Drawn on .....

..... Amount ..... Branch .....

Please make payment by DD / At Par Cheque, payable at Mumbai in favour of "SNVICON 2019"

For more details and to register online, kindly visit our website: [www.snvicon2019.com](http://www.snvicon2019.com)

Registration cannot be canceled / transferred.

Please send the duly filled registration form along with DD / Cheque to:

Event Managed by

Vama Events Pvt. Ltd., Office No. 4, Gr. Floor, Anmol C.H.S., Sakharam Keer Road, Parallel to L. J. Road, Shivaji Park, Mumbai - 400 016

Tel. No.: + 91 22 2438 3498 / 3499 | Email: [conferences@vamaevents.com](mailto:conferences@vamaevents.com)