



**ISIEM 2017**  
**IV National Conference of the**  
**Indian Society of Inborn Errors of Metabolism**  
**10th - 12th February 2017**  
**The Accord Metropolitan Hotel**  
 G.N.Chetty Road, T.Nagar, Chennai - INDIA



**DELEGATE REGISTRATION FORM**

- Please fill in all the details. Kindly type or write legibly in BOLD letters
- Kindly use the enclosed self-addressed envelope to send the completed registration form along with the Demand Draft.

DELEGATE'S FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

ZIP/PINCODE: \_\_\_\_\_

STATE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

PHONE (RES): \_\_\_\_\_

(CLINIC): \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

MOBILE: \_\_\_\_\_

FOOD PREFERENCE:  Veg  Non-Veg

**Accompanying persons** (Accompanying persons will be charged 50% of the registration fee which will include lunch & refreshments only. They will not be allowed into the conference hall. Delegate kit will not be provided.)

Name: \_\_\_\_\_  M  F

Name: \_\_\_\_\_  M  F

**REGISTRATION DETAILS**

<b>Note:</b> Delegates / Students can choose "only one" of the options provided below.	Early bird Registration (till January 16, 2017) Fee in INR		Late Registration (Jan 17 - Feb 1, 2017) Fee in INR		Spot Registration Fee in INR	
	Delegate	Student	Delegate	Student	Delegate	Student
<input type="checkbox"/> <b>2 Conference Days + 1 Workshop</b>	4500	3500	5500	3750	6000	4000
<input type="checkbox"/> Diet Workshop (10th February)	2000	1750	2500	2250	3000	2500
<input type="checkbox"/> Lab Workshop (10th February)	2000	1750	2500	2250	3000	2500
<input type="checkbox"/> Conference Days (11th & 12th February)	3500	2500	4000	3000	4500	3500
<b>Diet Workshop only - Special Category (10th February)</b>						
<input type="checkbox"/> Dieticians	1500		1750		2000	
<input type="checkbox"/> Patient (per person)	500		650		650	
<b>Lab Workshop only - Special Category (10th February)</b>						
<input type="checkbox"/> Lab Technologists	1500		1750		2000	
<input type="checkbox"/> <b>Registration fee for Overseas Delegates - USD 135 (Full Registration)</b>						

**Registration fees is inclusive of 15% service tax as applicable**

**Please Note:**

- Full registration will cover 1 Workshop & 2 Conference days.
- Delegates can register only for 1 Workshop on 10th February
- Students need to provide ID proof & Letter from HOD.
- Conference fee includes Refreshments, Lunch and Delegate kit.
- Delegate kit subject to availability for Spot Registrations.
- Cancellation has to be intimated in writing / mail on or before February 1, 2017.
- Refund of 60% of the amount paid will be given only after February 28, 2017.
- Any cancellation after February 1, 2017 will not be eligible for refund.
- Registration fees mentioned are inclusive of Service tax.

**Account Details**

Name of Bank : KARNATAKA BANK LTD.,  
Branch : CATHEDRAL ROAD BRANCH, CHENNAI - 600 086  
Account No. : 4642500102084001  
Name of Beneficiary : ISIAM2017  
IFSC CODE : KARB0000464  
MICR NO. : 600052006

**Payment to be made by demand draft favouring "ISIAM2017" payable @ Chennai**  
(or)  
**Online payment @ [www.isiam.org](http://www.isiam.org)**

Demand Draft No:  
Issuing Bank:

Date:  
Rupees:

Date:

Signature of the delegate:

**Total Payment Enclosed**

**For office use only**

DD.No: \_\_\_\_\_ Date: \_\_\_\_\_

Issuing bank: \_\_\_\_\_

Rupees: \_\_\_\_\_ Receipt: \_\_\_\_\_

Remarks: \_\_\_\_\_

**Conference Secretariat  
MediScan Systems**

No. 197, Dr. Natesan Road, Mylapore, Chennai - 600 004.  
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**Event Organisers****Marudeshwara Enterprises**

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