



12th Annual Conference of Indian Academy of Cerebral Palsy IACPCON - 10 to 12th Nov 2017



Applicant Name:

Date of Birth:

(dd/mm/yy)

Gender:

Qualification:

Institute/Hospital Clinic:

Mailing Address:

City:

State:

Email ID:

Phone Number:

Mobile Number:

IACP Member:

YES

NO

RCI Member:

YES

NO

Please read important Instructions for Pre-conference Workshop:

- Restricted To Limited Registrations Of 40 seats per Pre-conference Workshop PCW.
- Allotment of PCW's is on the first come first basis.
- In case the first preference is not available, delegate will be automatically allotted the next preference
- If you wish to select only one PCW, please opt for 'None' in preference number 2 and 3.

Pre-Conference Workshop: YES NO

If YES please select the preferences: (Tick mark ✓)

Preferences: I	Preferences: II	Preferences: III
1. Comprehensive Care in Early Intervention	1. Comprehensive Care in Early Intervention	1. Comprehensive Care in Early Intervention
2. Clinical decision making in infant treatment: A hands-on advanced course for therapists	2. Clinical decision making in infant treatment: A hands-on advanced course for therapists	2. Clinical decision making in infant treatment: A hands-on advanced course for therapists
3. Identification of Developmental Disabilities and Early Action (IDDEA)	3. Identification of Developmental Disabilities and Early Action (IDDEA)	3. Identification of Developmental Disabilities and Early Action (IDDEA)
4. -----	4. None	4. None

Cheque No. / DD /

Transaction No.:

Bank Name:

Call for abstracts Paper and Poster Presentation before 31st August 2017. IACP Awards - Two for the best paper presentation.

- For Any Payment Related Queries Please Call on +91-9850062358
- No Cancellation, No Refund Policy.

BANK DETAILS:

DD / Cheque: In favour of IACPCON17, payable at Pune, Cosmos Bank

Name of the Bank: Cosmos Bank, Ganesh Nagar Branch, 1 Meghsagar Swastishri Society, Karve Nagar, Pune 411052.

Account number: 00905010116169

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CONFERENCE SECRETARIAT

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