



2nd ANNUAL STATE CONFERENCE of Chhattisgarh Association of Medical Microbiologists

REGISTRATION DETAILS

Participation is open to all individuals interested in Medical Microbiology & Allied Sciences.

S.no	Participants	Till 20th August	Spot Registration
1	CAMM Member*	3000/-	3500/-
2	CAMM Non member	3200/-	3500/-
3	Associate Delegate	1800/-	2000/-
4	Student / Technician	1800/-	2000/-

BANK DETAILS

A/C NAME : **CG-MICROCON 2018**
BANK : **HDFC Bank**
A/C NO. : **50200031067905**
IFSC CODE : **HDFC0001280**
BRANCH : **Shailendra Nagar, Raipur, CG**

KINDLY NOTE:

- *CAMM membership number required on the date of registration.
- All registrations after 20th August 2018 will be considered as spot registrations.
- Kindly issue cheque/DD in favour of "CG-MICROCON 2018" payable at Raipur.
- In case of electronic transfer, please send us bank receipt with UTR No.at **cgmicrocon2018@gmail.com**.
- Abstract submission of Oral/Paper presentations to be sent to **cgmicrocon2018@gmail.com**.
- PG students must bring a certificate from their HOD's seeking permission to attend the conference.

CANCELLATIONS & REFUND POLICY :

- For cancellation written request along with original "**Acknowledgment Letter**" should be sent to the Organizing Secretary before 20th Aug 2018.
- Cancellations will not be considered after 20th Aug 2018.
- Refund will be sent by cheque one month after the conference. An amount equivalent to 50% of the amount paid will be deducted as handling charges.



CONFERENCE SECRETARIAT

MICROPATH DIAGNOSTICS

1st floor, Dr. Nihal's Gastro Liver & Endoscopy Centre
Opp. Tripathi Nursing Home, New Shanti Nagar, Raipur (CG)
M – +91 84358 02844
Email : **cgmicrocon2018@gmail.com**
www.cammm.co.in



FOR REGISTRATION & OTHER QUERIES

ASHOK SARPATE

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E mail : **ashok@proficientevents.in**
pemsevents@gmail.com



**CG
MICROCON
2018**

**2nd ANNUAL STATE CONFERENCE
of Chhattisgarh Association of Medical Microbiologists**

8th & 9th September, 2018

HOTEL SAYAJI

GE Road, Behind Magneto Mall, Labhandi, Raipur, Chhattisgarh

Registration Form (Please fill in Block letters)

Name: Dr/Prof/Mr/Ms.....

Designation.....

CAMM Member: Yes No If Yes, Membership No:

Category: Delegate Associate Delegate Student Technician

Mailing Address:

.....

City:..... Pin Code:

State:

Contact number (mandatory):

Email address (mandatory):

Associate Delegate/s details:

.....

***Payment Particulars:**

Mode of payment: NEFT DD Cheque Cash

Total amount:

Details of NEFT Transfer:.....

.....

DD/Cheque No: Dated:

Drawee Bank and Branch:

.....

*Please refer overleaf for necessary bank details regarding payment.

Signature