



Delegate Registration Form

I/ We would like to register/send the following person/s as delegate to the conference under the following category:

Organization name:			
Postal address:			
City:	Postal code:	State:	Country:
Ph:	Mob:		Fax:
Name of person/s (attending the conference)	Designation	Mobile	Email

Delegate Fee: INR 10000+ 15% tax = 11500/-

Terms & Condition

- Registration form has to be duly filled, signed, stamped (Company stamp) by the authorized person and sent along with the delegate fee. Admission to the conference cannot be guaranteed if the payment has not been received by UBM Medica India Private Limited. Payment must be received prior to the conference date. In any case, delegate fee will not be refunded but can be credited to future conference within next six months. Delegate fee includes lunch, refreshments & complete set of documents. UBM Medica is not responsible for covering airfare, hotel or other travel cost incurred by clients. Delegate fee is exclusive of all taxes. Where applicable clients shall deduct the appropriate tax deducted at source (TDS) at the time of payment and should thereafter furnish us the TDS Certificate within one month from the end of the month during tax is deducted. All payments are requested on or before 5 days after the invoice have been received. All disputes have been subjected to Mumbai Jurisdiction only.

Authorised signatory (Signature of the person attending/ nominating the delegates along with the company stamp)

Payment mode:

Demand Draft payment: In favour of **UBM Medica India Pvt Ltd.** payable at Mumbai, India

Wire transfer payment:

Bank name	The Hongkong and Shanghai Banking Corporation Limited
Bank address	No. 7, Mahatma Gandhi Road, Bangalore-560 001
Account no	072-118300-002
IFSC code	HSBC0560002
MICR code	560039002
PAN no	AACCC4749H
Beneficiary name	UBM MEDICA INDIA PVT LTD
Beneficiary address	UBM Medica India Pvt. Ltd. Margosa Building, #02, 13th Cross, Margosa Road, Malleshwaram, Bangalore-560003

Note: Please send the fill up form along with the delegate fee to:

Aparna Mayekar: - **CIMS Medica India Pvt. Ltd.** Boomerang (Kanakia Spaces), Wing-B1, 403, Chandiwali farm Road, Chandiwali, Powai, Mumbai - 400 072, India.

Mobile – 9930937020 Email: events@cims.co.in Website: <http://www.hmcindia.in/>