

Registration Form



**INTERNATIONAL CME ON
GLOMERULAR DISEASE (ICGD)
September 6-8, 2019
Sanjay Gandhi Post Graduate Institute of
Medical Sciences
Lucknow, India**



First Name: _____

Last Name: _____

Qualification: _____

Category: _____

Affiliation Institute/Hospital: _____

City: _____

State: _____

Country: _____

Address: _____

E-mail: _____ **Telephone/Mobile:** (____) _____

Payment Details

I am enclosing here with a Demand Draft No dated.....for Rs/ USDdrawn on bank payable at Lucknow in favour of ICGD 2019.

Date

Signature of Delegates

PAYMENT METHOD

Payments should be made by bank transfer at:

Bank Name: **State Bank Of India**

Account owner: **Home for Kidney Care**

Ifsc code: **SBIN 000 0789**

Account number: **37630042791**

REGISTRATION INFORMATION

Category and Registration fees

A - Fellow / Training - 5000*/-

B - National delegate - 6000/-

C-International Delegates - 7000/-

* Includes registration fees, accommodation through period of conferences, 3 lunch and 2 dinner. Accommodation will be provided with "**twin sharing basis**"

Accommodation

For category A, accommodation is included in registration fees. they will be provided accommodation with twin sharing basis. For Category B and C, accommodation will be provided on prior request, on payment basis subjected to availability.

Conference secretariat: ICGD 2019, Department of Nephrology at Sanjay Gandhi Post Graduate Institute of Medical Sciences (SGPGIMS), Lucknow,226014, India