



NZ-ISONCON-2024



29th Annual Conference of The
North Zone Indian Society of Nephrology
23rd-25th February 2024, Radisson RED Chandigarh Mohali

REGISTRATION FORM (PLEASE FILL IN CAPITAL LETTERS)

Title: Prof. ☐ Dr. ☐ Mr. ☐ Ms. ☐ Mrs. ☐

First Name: _____ Middle Name _____ Last Name _____

Institute / Hospital _____ Designation _____

Postal Address: _____

City: _____

State: _____ Pin: _____ Country: _____

Membership No: _____ Phone (off) _____

Phone (Res.) _____ Mobile No.: _____

E-mail: _____

ACCOMPANYING PERSONS

	Age	Male/Female
1. Name: _____	_____	<input type="checkbox"/> <input type="checkbox"/>
2. Name: _____	_____	<input type="checkbox"/> <input type="checkbox"/>
3. Name: _____	_____	<input type="checkbox"/> <input type="checkbox"/>

* Membership number is mandatory if ISN member.



SCAN TO PAY

Signature of Applicant

NZ-ISNCON-2024

REGISTRATION

	Early Bird upto 10th Jan	upto 15th February	After 15th Feb./Spot
Students	500/-	1000/-	3000/-
ISN Members	2500/-	3500/-	4000/-
Non ISN Members	3500/-	5000/-	7000/-
Accompanying Person	3000/-	4000/-	5500/-

GST 18% will be charged Extra

Note : The poster presentation last date 31st January 2024

Poster size should be 33"x 45"

Bank Details

Bank	Bank of Baroda
Branch	Delhi Army Hospital Delhi-110010
Beneficiart Name	Indian Society of Nephrology Northern Zone
Account No.	86000100000819
IFSC	BARB0VAJRHO
PAN	AABAI0867P
GSTIN	07AABAI0867P1Z9

SCAN TO PAY



Note : After payment please share your Registration Form & receipt of payment with E-mail: isnnorthzone@gmail.com +91-9888328312