



# 5th Annual International Best of Brussels Symposium on Intensive Care & Emergency Medicine

Jointly Organized by : ISCCM, Pune Branch &  
Intensive Care Department of Erasme Hospital, Brussels  
2nd - 9th July, 2017, Pune

## REGISTRATION FORM

\*First Name \_\_\_\_\_

\*Surname \_\_\_\_\_

\*MMC / Other Council No. \_\_\_\_\_

Hospital / Institution \_\_\_\_\_

Department \_\_\_\_\_

\*Address for Communication \_\_\_\_\_  
\_\_\_\_\_

\*City \_\_\_\_\_ Pincode \_\_\_\_\_ State / Country \_\_\_\_\_

Phone Number (with area code) \_\_\_\_\_

\*Mobile Number \_\_\_\_\_ \* Email \_\_\_\_\_

Category & Member ship No.:(Mandatory for ISCCM Member) \_\_\_\_\_

\*PG Students: (Should enclose Certificate or Letter from the HOD) \_\_\_\_\_

- Registration for conference is not mandatory if you want to attend any workshop.
- For online registration log on to [www.isccmpune.com](http://www.isccmpune.com)
- Cancellation Policy : For all requests for cancellation of registration received on or before 15th June 2017, 75% of the registration amount will be refunded one month after the conference. No cancellation requests will be accepted there after.
- Kindly note : As per MMC guidelines no certificates will be issued to Delegates & Faculty who have attended the conference but not signed the MMC attendance sheet.

Secretariat & Mailing Address :



**Medvents Conferences & Events Pvt Ltd**

Office No 112, Ashoka Pavillion, Dr Ambedkar Road, Above Mahesh Lunch Home, Camp - Pune - 411001.

Office : +91 20 26069376. E-mail : [reachmedvents@hotmail.com](mailto:reachmedvents@hotmail.com)

For Registration Enquiries : Supriya Tak : +91 77678 34459

Event Co-ordinators

Brian : +91 9822311519, Leena : +91 9657746584

Conference website : [www.isccmpune.com](http://www.isccmpune.com)



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## PAYMENT DETAILS

CONGRESS REGISTRATION FEE (FEE / PERSON in INR)					
Category (Please Tick) <input checked="" type="checkbox"/>	Upto 30th June 2017	From 1st July & Spot			
<input type="checkbox"/> ISCCM Members	Rs. 12000	Rs. 14000			
<input type="checkbox"/> Non-Members	Rs. 14500	Rs. 16000			
<input type="checkbox"/> PG Students	Rs. 10000	Rs. 12000			

  

Pre-Conference Workshop & Courses Fees					
Workshop/Course Code (Please Tick) <input checked="" type="checkbox"/>	Workshop Dates	ISCCM Member	Non - Member	PG Students	No. of Seats
<input type="checkbox"/> Intensive Care Review Course	2nd, 3rd July	Rs. 6000	Rs. 7000	Rs. 6000	180
<input type="checkbox"/> Mechanical Ventilation Workshop	5th & 6th July	Rs. 9000	Rs. 10000	Rs. 7000	200
<input type="checkbox"/> Hemodynamic Management	5th & 6th July	Rs. 9000	Rs. 10000	Rs. 7000	80
<input type="checkbox"/> Ultrasound and Echo in ICU	5th & 6th July	Rs. 12000	Rs. 14000	Rs. 8000	80
<input type="checkbox"/> Renal Replacement Therapy	5th & 6th July	Rs. 6000	Rs. 7000	Rs. 5000	60

## PAYMENT DETAILS

DD/Cheque Should be in favour of "ISCCM, Pune Branch" payable at pune.  
Please add Rs 100/- for outstation cheques.

DD / Cheque no. \_\_\_\_\_ Drawn on Bank \_\_\_\_\_  
Branch \_\_\_\_\_ Amount \_\_\_\_\_

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