



ADECON 2016

4th ANNUAL NATIONAL CONFERENCE
ASSOCIATION OF DIABETES EDUCATORS
e-Mail ID: adecon2016@gmail.com
SATURDAY, 2nd and Sunday, 3rd April 2016

DELEGATE/ASSOCIATE DELEGATE REGISTRATION FORM

For Office Use

Registration No:

Name: Dr / Mrs / Ms / Mr _____

Qualification: _____ Profession: _____

Are you ADE Member: Yes / No If yes, ADE Membership No: _____

Address: _____

City: _____ State _____ PIN Code: _____

Mobile: _____ Telephone: _____

Email: _____

Name of Institution: _____

Signature : _____

Date : _____

Registration Fee

| Category | Pre Registration | Spot Registration |
|---|------------------|-------------------|
| Delegate (Member or Associate Member) | Rs 500/- | Rs 1,000/- |
| Associate Delegate (Non-Member or Associate Delegate (Non-Member) within 5 years of Graduation)** | Rs 1,200/- | Rs 2,000/- |
| Associate Delegate (Student Member or Under Graduates)* | Rs 250/- | Rs 375/- |

*Certificate from Professor/College Required

** Those eligible for membership may become members by paying Rs 1,000/-

Registration No:

Acknowledgement

Registration Fee: Rs _____ deposited on _____ by Cash/Cheque No

_____ Date _____ Bank Name _____ in

favor of **ADECON 2016** payable at **Indore**.