

# BRACHIALCON 2017

9<sup>th</sup> Biennial National Conference of Brachial Plexus Surgery Group of India  
28<sup>th</sup>-30<sup>th</sup> July 2017, Mangalore  
[www.brachialcon2017.org](http://www.brachialcon2017.org)

## REGISTRATION FORM

Prefix:  Doctor  Prof.  
Full Name: .....  
Gender:  Male  Female  
Professional qualification: .....  
State Medical Council Reg. number: .....  
Speciality: ..... Designation: .....  
Name of the Institution: .....  
Address: .....  
.....  
City: ..... State: ..... Pin code: .....  
Country: ..... Mobile: ..... Email:.....  
Food Preferences:  Veg.  Non Veg.

### Details of Accompanying Persons

1. Name: ..... Age: .....  
2. Name: ..... Age: .....

### Hotel Booking:

Hotel Preference (1) ..... (2) .....  Single  Double  Sharing  
If Sharing, your preferred delegate name: .....  
Arrival Date: ..... Time: .....  
Departure Date: ..... Time: .....

### Details of Payment : (For details about Conference fees refer Page 2) (PLEASE SEND ONLY THE REGISTRATION FEES. HOTEL BILL TO BE SETTLED DIRECTLY.)

1. Delegate: ..... 2. Accompanying person: ..... TOTAL:.....  
 I have made online payment / NEFT Transfer and am herewith submitting the details of same.  
Bank Name: ..... Branch: .....  
Transaction No.: ..... Rs. .... Date .....  
 I enclosed the cheque / DD no. .... Dated: ..... Bank: .....

Signature of the Delegate

## Abstract Submission:

**Category:** Free Papers and Posters

**Last date for abstract submission:** 1st June 2017 for Free Papers, and 1st July 2017 for Posters.  
For details please see website.

## Registration Fee:

Type	Till 31-3-2017	1-4-2017 to 30-6-2017	From 1-7-2017 / Spot
Consultants	₹ 5,000/-	₹ 6,000/-	₹ 7,000/-
Postgraduates	₹ 3,500/-	₹ 4,000/-	₹ 5,000/-
Accompanying Persons	₹ 3,000/-	₹ 3,000/-	₹ 3,000/-

- Registration does not include accommodation.
- Counter signature with seal from HOD on the registration form or certificate is necessary for post graduate registration

## Payment Details:

1. Online payment details:

**Account No.:** 8633101401191 **Account Name:** 'PLASTIC SURGERY DEPT.'

**Name of the Bank:** CANARA BANK **Branch:** MANGALORE A. J. HOSPITAL CAMPUS  
**BRANCH IFSC code:** CNRB0008633

2. Payments can be made by Bank Draft / At Par cheque payable at Mangalore favouring 'PLASTIC SURGERY DEPT'.

## Accommodation Details:

Hotel	Distance from venue	Tariff - Standard a/c per night (inclusive of tax) Single / double	Website / Phones	Facility
Motimahal ★★★★	4.8km	₹ 2500 Single ₹ 3388 Double	www.motimahalmangalore.com 0824-2441411	Central a/c, Wi-Fi, Complimentary breakfast, Swimming Pool Check in / Check out 24 hrs.
BMS ★★★	0.3km	₹ 2541 Single ₹ 3050 Double	www.hotelbms.com 0824-2988777/ 2985777	Central a/c, Wi-Fi, Complimentary breakfast, Check in / Check out 24 hrs.
Deepa Comforts ★★★	2.2km	₹ 3200 Single ₹ 3872 Double	www.hoteldeepacomforts.com 0824-2497101 - 05	Central a/c, WiFi, Complimentary breakfast, Check in / Check out 24 hrs.

- Tariff Offered is specially negotiated package for the conference.
- Transport will be provided for the above hotels
- Details of the hotels can be accessed from their websites.
- No advance payment required

*Conference Secretariate:*

### Dr. Dinesh Kadam

Prof. & Head, Dept. of Plastic & Reconstructive Surgery  
A. J. Hospital & Research Centre  
Kuntikana, Mangalore - 575 004  
D. K., Karnataka

Phone : Dr. Dinesh Kadam 98863 12711  
Dr. Sanath Bhandary 94805 75383  
Dr. Gautham Shetty 94496 64633  
Dr. Rajesh Hukkeri 70192 08752  
Email : brachialcon2017@gmail.com  
Website : www.brachialcon2017.org