

## Registration Form

# AIIMS PAIN PRACTICE AND REGIONAL ANAESTHESIA CONFERENCE

APPA-2016

8-10<sup>th</sup> January 2016



Department of  
Anaesthesiology, Pain Medicine & Critical care  
All India Institute of Medical Sciences  
New Delhi-110029

Full Name: \_\_\_\_\_ (Designation) \_\_\_\_\_

University/Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

### Registration Category

- Post Graduate ☐  
Senior Resident/Delegate ☐  
Faculty ☐  
Foreign Delegate ☐

### Workshops

- Fluoroscopic Guided Cadaver workshop  
1. Basic Level (Morning) ☐  
2. Advanced Level (Afternoon) ☐

- Ultrasound Guided Blocks  
1. Regional Anesthesia (Morning) ☐  
2. Chronic Pain (Afternoon) ☐

**Note:** A single delegate can register maximum of two workshops - one in the morning and/or one in the afternoon.

Conference only ☐

### PAYMENT METHOD

NEFT details:	Cheque/DD No. (Please write the name & signature behind)	
State Bank of India	Branch	
Branch: Ansari Nagar	Drawn on	
IFSC Code: SBIN0001536	NEFT acknowledgement No.	
A/C No: 34984368074	Amount:	

Please mail completed registration form with payment to:

Conference Secretariat  
Room No-5011, 5<sup>th</sup> Floor  
Teaching Block  
AIIMS, Ansari Nagar  
New Delhi-110029

Phone: +91-1126593212  
Email: [appra2016@gmail.com](mailto:appra2016@gmail.com)  
Website: