



# IAPCON 2018



## 25th Annual Conference of Indian Association of Palliative Care

23rd - 25th February, 2018 | Jawaharlal Auditorium, AIIMS, New Delhi, India

REGISTRATION FORM

Name ..... Gender : M  F   
 (PLEASE FILL IN CAPITAL LETTERS AS TO APPEAR IN THE CERTIFICATE)

Designation : ..... Department\* : .....

Hospital / Institution : .....

Mailing Address : .....

City..... Pin Code : ..... State : ..... Country : .....

\*E-mail:.....

\* Mobile: ..... \* Tel No Res / Off.....

**Registration Category :**  Doctors (IAPC members)  Doctors (Non members)  
 Nurses, Volunteers, Students, Others (IAPC members)  
 Nurses, Volunteers, Students, Others (Non IAPC members)  
 Delegate's companion  Workshop

**Accompanying Person(s)**

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

**Kindly tick preferred Workshop\***

1. EPEC India Trainers conference	<input type="checkbox"/>
2. USG Guided Palliative Care Intervention	<input type="checkbox"/>
3. Mindfulness integrated Cognitive behaviour therapy (CBT) in Palliative Care	<input type="checkbox"/>
4. Standard and Audit	<input type="checkbox"/>
5. Opioid Availability	<input type="checkbox"/>
6. Communication	<input type="checkbox"/>
7. Research Methodology	<input type="checkbox"/>
8. Workshop by AYUSH-Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy	<input type="checkbox"/>
9. Workshop on Nursing Issues in Palliative Care	<input type="checkbox"/>
10. Integration of Palliative Care in Pediatric/Neonatal Intensive Care	<input type="checkbox"/>

\* First come first serve basis only for 40 delegates for each workshop.

Registration details	Amount	Payment Details
Conference	: _____	Cheque / DD No. : _____ Date: _____
Workshop	: _____	Drawn on Bank : _____
Total	: _____	Branch : _____
		Amount in words : _____
		Date: _____ Signature _____
<b>Note :</b> Letter from the concerned department HOD is mandatory for all PG students for registration.		<b>Mode of Payment :</b> • At Par Cheque/DD to be drawn in favour of "IAPCON-2018" payable at New Delhi.

Please send the duly filled registration form and DD/Cheque (NEFT/Cash deposit receipt) at the

**Conference Secretariat -**

Room No. 242, Institute Rotary Cancer Hospital,  
 All India Institute of Medical Sciences, New Delhi, India  
 Website: www.iapcon2018.com

**Whom to Contact -**

Dr. Sushma Bhatnagar - sushmabhatnagar1@gmail.com  
 Mrs. Sarita Kumari - sarita.kumari1@yahoo.com  
 Tel.: 011-29575209

**For Office use only : Receipt :**

Date :

Reg No :