



# ACCOMMODATION/TOUR BOOKING FORM



## 78<sup>th</sup> Annual National Conference of **The Association of Surgeons of India** **ASICON 2018 CHENNAI**



26<sup>th</sup> – 30<sup>th</sup> December, 2018 | Chennai Trade Centre, Chennai

### DELEGATE DETAILS

Dr/Mr/Mrs. ....  
First Name Middle Name Last Name

Address: .....

..... City: ..... Pin: .....

State: ..... County: .....

Tel. City Code: ..... Residence: ..... Office/Hospital: .....

Fax: ..... Mobile: ..... Email: .....

### HOTEL CATEGORY

Name of the Hotel 1. .... 2. .... 3. ....  
(Kindly list in order of preference)

Check-in (date): ..... Check-out (date): .....

No of Nights:

Occupancy:  Single  Double

Mode of Arrival:  Airways  Railways  Roadways

Arriving from: ..... Date: ..... Time: .....

Pre/Post Conference Tour:  I  II  III  IV  V  VI  VII  VIII

Date you would like to start your tour: .....

Amount Paid: Rs. .... Mode of Payment: Cash/DD/Cheque/NEFT (Tick appropriate as applicable)

DD/Cheque/Bank Transfer Transaction No.: ..... Drawn on.....

in favour of **ASICON 2018 Chennai**, payable at Chennai).

(Signature)

Please Submit the duly filled form to Conference Secretariat :

Dr. K. Vinayak Senthil,  
Organising Secretary  
Conference Secretariat  
SPEED HOSPITALS,  
No.527, Poonamallee High Road, Arumbakkam, Chennai - 600106, Tamil Nadu  
Contact : 98400 44686, 9500181999  
Email : asicon2018@gmail.com Website : www.asicon2018chennai.com

#### BANK DETAILS FOR NEFT / RTGS

Bank : Karur Vysya Bank (KVB) | A/c No. : 1289135000009113  
Branch : Arumbakkam | IFSC Code : KVBL0001289  
Branch Code : 001289 | MICR Code : 600053053  
A/c Name : ASICON2018Chennai