



# The 35th ANNUAL STATE CONFERENCE OF INDIAN SOCIETY OF ANAESTHESIOLOGISTS

Organized By ISA, Shivamogga Branch, Subbaiah Institute of Medical Sciences, Shivamogga  
October 8<sup>th</sup> -11<sup>th</sup> 2020

## REGISTRATION FORM (Please fill in capital letters)

Name(as in Registration certificate)Dr.....Age.....  
 Gender:  Male  Female, Nationality..... Designation.....  
 Institution/Hospital:.....  
 Address:.....  
 City:..... Pin:..... State:.....  
 Country..... Mob No.:..... ISA Number.....  
 e-mail.....  
 State Medical Council..... Reg.No:.....

### Registration Category:

- ISA Member       ISA Member Post Graduate       Overseas Delegate  
 Non-ISA Member       Non ISA Member Post Graduate

### Workshop (Any one):

(Please check for availability before registration)

- Difficult Airway workshop       Regional Anaesthesia Cadaver workshop  
 TCI/Total Intravenous Anaesthesia Workshop       Obstetric Critical care Workshop

### Registration Details

### Amount

### Payment Details

Workshop	Rs. ....	DD/Cheque/Cash/NEFT.....
Conference	Rs. ....	DD/Cheque/UTR No.....
CME & Conference	Rs. ....	Drawn on .....
Accompanying Person(S)	Rs. ....	Bank Branch .....
Total	Rs. ....	Date.....

### Accompanying Person(s) Details

(\*Free for children below 10 years)

* Name	Age
1.....	.....
2.....	.....
3.....	.....

Date:.....

Signature.....

**Note:**

1. Conference registration is mandatory for delegates registering for workshop/CME
  2. DD/ Cheque to be drawn in favour of “**SHIVAMOGGA SOCIETY OF ANAESTHESIOLOGISTS**” payable at **Shivamogga**
  3. It is mandatory for Postgraduate students to attach a bonafide letter attested by their HOD.
- For further details please visit: [www.isaconkarnataka2020.com](http://www.isaconkarnataka2020.com)

**PAYMENT OPTIONS**

1. Offline Payment: Demand Draft/Multicity Cheque to be drawn in favour of “**SHIVAMOGGA SOCIETY OF ANAESTHESIOLOGISTS**” payable at **Shivamogga**. Please send duly filled registration form along with Demand Draft/Multicity Cheque to The Conference Secretariat.
2. **NEFT(Fund Transfer): Bank Details**

**A/c Name:** SHIVAMOGGA SOCIETY OF ANAESTHESIOLOGISTS

**Bank:** State Bank Of India

**A/c No.:**38998230186

**Branch:** Ravindranagar Ext.

**IFSC Code:** SBIN0040270

**City:** Shivamogga

Please send the scanned copy of Transaction slip or provide the UTR (transaction number) along with the duly filled registration form to the Conference Secretariat to complete the registration process. At [isaconkarnataka2020@gmail.com](mailto:isaconkarnataka2020@gmail.com)

**Organising Secretariat**

**Dr Shivakumar MC**

**Professor and Head**

**Department OF Anaesthesiology and Critical Care Medicine**

**Subbaiah Institute Of Medical Sciences**

**Shivamogga 577201**

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