



AP&TS NEUROCON 2017

10th & 11th June 2017

DR Central Hotel & Mall, Nellore



ABSTRACT FORM

Dr. _____
First Name Middle Name Last Name

Designation _____ Speciality _____

E-mail : _____

APNSA Membership Number _____

TYPE OF PRESENTATION (Type 'Yes' whichever is applicable)

Award Paper : SVIMS Dr. B.C. Rajendra Prasad **Free Paper** **Poster**

The Abstract should be sent as an attachment to
aptsneurocon2017@gmail.com along with the above details,
on or before **10-5-2017**

GUIDELINES

FORMAT OF THE ABSTRACT :

- | | | |
|-----------------|--------------------------|----------------|
| 1) TITLE | 3) Objective | 5) Results |
| 2) Introduction | 4) Materials and Methods | 6) Conclusions |

- The Abstract should not exceed 250 words.
- SVIMS Award Paper is meant for PGs only.
- Dr. B.C. Rajendra Prasad Award Paper is meant for PGs on basic Neuro Sciences
- APNSA Membership is mandatory for presentation.
- The scientific committee reserves the right to change the presentation mode from platform to poster.
- The scientific committee reserves the right to reject any abstract if it is not confining to the guidelines.

Conference Secretariat :

Dr. B. Srinivasulu Reddy M.D., D.M.

Srinivasa Neuro Speciality Hospital,

D.No. 16/1059, Pogathota, NELLORE -524 001, A.P.

Mob. : 8374141322, 97013 91888

e-mail : **aptsneurocon2017@gmail.com**



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REGISTRATION FORM

Dr. _____
First Name Middle Name Last Name

Age _____ Sex : Male Female Designation _____

Mailing Address _____

City _____ State _____ PIN Code

APNSA Membership Number _____ Mobile _____

E-mail _____

DELEGATE CATEGORY (tick whichever is applicable)

Delegate : Member Non-Member Resident

No. of Accompanying Persons : 1 2 3

Conference : **Pre-Conference :** Neurology Neurosurgery

Category	Early Bird : Till April 14 th	Regular : April 15 th to May 14 th	Spot : May 15 th onwards
APNSA Member	Rs. 3000	Rs. 3500	Rs. 4000
Non Member	Rs. 3500	Rs. 4000	Rs. 4500
PGs	Rs. 2000	Rs. 2500	Rs. 3000
Accompanying Person	Rs. 1800	Rs. 1800	Rs. 1800

- ★ Pre-Conferene workshop Registration Rs. 1500 for Consultants and Rs. 1000 for PGs
- ★ PGs should submit certificate from their respective HOD's
- ★ Delegate Kit for Spot registration is subject to availability.

The payment should be in the form of Cheque / DD drawn in favour of **NEUROCON 2017** payable at Nellore.

For Online Transaction : **NEUROCON 2017, Indian Bank**, Nellore

Current Account No. : 6511662235 IFSC Code : IDIB000N019

The registration form along with Cheque / DD should be sent by post to :

Conference Secretariat :

Dr. B. Srinivasulu Reddy M.D., D.M.
Srinivasa Neuro Speciality Hospital
D.No. 16/1059, Pogathota, NELLORE-524 001, A.P.
Mob. : 8374141322, 97013 91888

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