



BRONCOCON

KOCHI 2024

Casting Nets of Innovation & Excellence in IP
26th National Conference on
Bronchology and Interventional Pulmonology
under the auspices of Indian Association for Bronchology
24th, 25th & 26th May 2024, Kochi

REGISTRATION FORM

Registration Type: IAB Non IAB Member PG*
 Industry Professionals Others

Full Name:
First Middle Last

Qualification: Gender: Male/Female

Industrial Name:

Address:

City: Pin Code: Country:

Mobile: E-Mail:

IAB Member: YES/NO if Yes, IAB Membership Number:

Accompanying Person(If Any):

Workshop: YES/NO I Yes, Workshop Name:

Signature of Participant

Notice:

1. Registrations for workshops are limited, and on first come first serve basis
2. PG students need to submit letter from HOD/ Dean to qualify for concession in charges
3. Registration & Accommodation is non transferable
4. Cancellation: Upto 31 March 2024: 50% Refund; 1 May 2024 onwards: No refund
5. Applicable GST is indicated separately on fees and other charges.
6. Please draw cheque in favour of "BroncoCon 2020-IAB" payable at Mumbai
7. Completed forms, payment draft to be sent to Secretariat Office by courier
8. Single day and only workshop registration not allowed
9. Spot registration by CASH only.

For Bank Transfer, Bank Account Details:

A/c. No : 50200091001448
A/c. Name : BRONCOCON 2024
Bank : HDFC Bank, Bannerji Road
IFSC Code : HDFC0000510

Conference Secretariat

Sunrise Hospital, Seaport Airport Road, Kakkanad, Kochi - 682030

Tel: +91 8921988330, +91 8891770502, For Registration Related Enquiries: Sreejith - +91 9895489880

Email: broncoconkochi2024@gmail.com | Website : www.broncocon2024kochi.com