Logo, company name

Description automatically generatedLogo, company name

Description automatically generatedREGISTRATION FORM

e-mail: info@cardiometaboliccongress.com

web: https://cardiometaboliccongress.com/

*Registration fee covers access to all the sessions, Conference kit, International Certificate of participation, networking & refreshment breaks and lunch during the conference..*

*All questions and inquiries concerning registration and payment should be addressed to*:

*e-mail:* info@cardiometaboliccongress.com

*Please complete this form and email a scanned copy to: e-mail: info@cardiometaboliccongress.com*

|  |  |
| --- | --- |
| Name of Conference |  |
| Conference Date |  |
| Venue of Conference |  |

*KINDLY FILL IN A SEPARATE REGISTRATION FORM FOR EACH CONFERENCE PARTICIPANT*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name |  | | Highest  Qualification |  | |
| Affiliation/Designation |  | | | | |
| Organization Name |  | | | | |
| Country |  | | Passport Number: | | |
| Mobile(With Country code) |  | | Email |  | |
| ACCEPTED PAPER INFORMATION | **Paper ID:**  Title of the paper:  Author’s Name: | | | | |
| Accompanying  Person’s Details | 1. | 2. | 3. | | Accompanied by:  Mail ID:  Contact No: |

**PAYMENT INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total Amount (USD) | Bank Name | Remitter | Date | Ref. No |
|  |  |  |  |  |
| **For online transfer**  **(Debt card/Credit card/Online Banking)** | **Order ID/Traction ID:** | | |

**ADDITIONAL INFORMATION**

 Will you present physically at the event (Y/N).

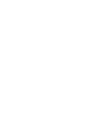
 No. of Persons attending the event with you?(Including your Co-authors) .

**Cancellation Policy**

*If the registrant is unable to attend, keeping in view of advance payments towards Venue, Printing, Shipping, Hotels and other overheads, following cancellation policy is applicable.*

*1. 30-45 days before conference- 40% refundable*

*2. No refunds will be done one month prior to the conference*

**Photo Here

Signature (Author): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_