



MEDANTA HEART INSTITUTE
DEPARTMENT OF CARDIAC ANESTHESIOLOGY



Society of Cardiovascular
and
Thoracic Anaesthesiologists



Indian Association of
Cardiovascular and Thoracic
Anaesthesiologists



Indian Academy of
Echocardiography



Leipzig, Germany



SBA



ECHOCONF 2024

REGISTRATION FORM

12th COMPREHENSIVE PERIOPERATIVE ECHO WORKSHOP & CME

Hosted by Society of Cardiovascular and Thoracic Anaesthesiologists (SCVTA)
December 6 - 8, 2024

Fully filled registration form with accommodation requirement is to be sent as an attachment to the email address: echomedanta@gmail.com

Beneficiary Name: **SCVTA** | Bank Name: **ICICI**
A/C No.: **103101003299** | IFSC Code: **ICIC0001031**
Swift Code: **ICICINBBNRI** | MICR Code: **110229109**
BSB No.: **212200** | Type of Account: **Saving**



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Name: _____

Gender: Male Female Nationality: _____

Medical Reg. no.: _____ IACTA Membership No. _____

Designation: _____ Institute: _____

Address: _____

City: _____ Pin: _____

State: _____ Country: _____

Mobile: _____ Email: _____

Wet Lab Registration Yes No _____

Workshop Registration: 1 _____

2 _____ 3 _____

Accommodation Details: _____ Rs. _____

Registration amount Rs. _____

Demand Draft/UTR No. _____ Date ___ / ___ / ___
(dd / mm / yyyy)

Conference Secretariat: For Registration: Regi Mathew, 99716 98204 | Poonam Anand, 99582 04841

Institute of Critical Care & Anaesthesiology

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