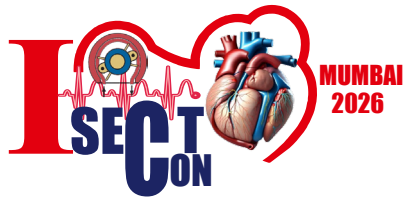




Indian Society of
Extracorporeal Technology
(ISECT)
Regn No. 4/1985



26th Annual Conference of
Indian Society of Extracorporeal
Technology

REGISTRATION FORM

Last Name First Name

Mailing Address :

.....

..... City : Pincode :

State : Country :

Tel. (with area code) : Residence : Office :

Active E-mail ID : Mobile :

Life Membership No.

All future communications will be through email and mobile via SMS.

Accompanying person Name :

1. 2.

Category: (Please x)

NON RESIDENTIAL REGISTRATION

- | | |
|--|---|
| <input type="checkbox"/> Life Member | <input type="checkbox"/> Above 5 Yrs |
| <input type="checkbox"/> Non-Life Member | <input type="checkbox"/> Retired - Non working Perfusionist |
| <input type="checkbox"/> Student | |
| <input type="checkbox"/> Trade Delegate | |
| <input type="checkbox"/> Abroad Perfusionist | |
| <input type="checkbox"/> Abroad Accompany | |
| <input type="checkbox"/> Spouse and Children | |

Multicity Cheques or DD should be in the name of "ISECTCON 2026 MUMBAI" payable at Mumbai

Account No. : 925020030910085

Account Type : Current Account

IFSC Code : UTIB0004681

Bank : Axis Bank LTD

Branch : Mumbai

Bank Address : Maratha Mandir Branch, Dr. Nair Road, Opp. Mumbai Central Station, Mumbai 400008.

GST No. : 27AADA11483P1Z7

Pan No. : AADA11483P

*** Confirmation of registration will be given by e-mail only.**