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**ERO TIMACON 2019**  
**74th Annual State Conference**  
 Indian Medical Association Tamilnadu State Branch



14th &amp; 15th December 2019

**Registration Form**

at Platinum Mahal, Bhavani Main Road, Erode

Full Name (Block Letter) : .....TNMC No.....

Designation : .....Branch.....

Mailing Address:.....

Contact No. STD Code : ..... Residence: ..... Office: .....

Mobile No : ..... Email ID (Mandatory) : .....

**Accompanying Persons**

S.No.	Name	Relationship	Age	Food Veg/Non Veg

**Registration Tariff**

Date up to	IMA Member	Spouse / Kids (No Kit)	Organizing Committee Member
31st May	2500	1000	5000 (per member)
30th Nov	2750	1500	
Spot	3000	2000	

**Payments****Mode of Payments**DD in Favor of "ERO TIMACON 2019" payable at **ERODE**.**NEFT**

Registration (Member): .....

Hotel Accommodations: .....

Accompanying Person: .....

Total : .....

Name : **ERO TIMACON 2019**A/c No. : **11770200082548**IFSC Code : **FDRL0001177**Bank & Branch : **Federal Bank, Erode.**

Send Filled in Registration Form Along with Payment to

**Dr.M. Chakaravarthi - Organizing Secretary**Annai ENT and Head & Neck Care Centre, 12D, Palaniyappa Street, Opp. To Federal Bank,  
Perundurai Road, Erode - 638 009 Ph : **0424 - 2226660, Cell : 90950 27277**