Logo

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**Registration Form**e-mail: pharmasummit@apr.in.net  
web: https://assopharm.com/pharma-summit/

*Registration fee covers access to all the sessions, Conference kit, International Certificate of participation, networking & refreshment breaks and lunch during the conference. In addition, each registrant will receive a copy of the conference proceedings with ISBN*

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| *All questions and inquiries concerning registration*  *and payment should be addressed to*:  pharmasummit@apr.in.net | *Please complete this form and email a scanned copy to:*  pharmasummit@apr.in.net |

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

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| PLEASE 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 |  | 2. | | 3. | | | Accompanied by:  Mail ID:  Contact No: |

**PAYMENT INFORMATION**

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| --- | --- | --- | --- | --- |
| Total Amount (USD/INR) | 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).

Photo Here   
(the photo should match your Passport)

* 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*

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

Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_