All India Congress of Obstetrics and Gynaecology

January 5 - 9, 2011

HICC, Hyderabad, India

PRE - POST TOUR FORM

1. Hyderabad City Tour ☐

Tour Package Cost:
850 INR Daily our
Time: Departure at 8:00 AM
Arrival at 6:00 PM

2. Ramoji Film City Tour ☐

Tour Package Cost:
750 INR Daily Tour
Time: Departure at 8:20 AM
Arrival at 5:20 PM

3. Golkonda Fort Sound and Light Show ☐

Tour Package Cost:
650 INR Daily Tour
Time: Departure at 2:00 PM
Arrival at 9:00 PM

4. Pochampally Tour ☐

Tour Package Cost:
900 INR Daily Tour
Time: Departure at 10:00 AM
Arrival at 5PM

5. Warangal Heritage Tour ☐

Tour Package Cost:
1550 INR Daily Tour
Time: Departure at 6:15 AM
Arrival at 9:00 PM

6. Nagarjunasagar Tour ☐

Tour Package Cost:
1450 INR Daily Tour
Time: Departure at 6:15 AM
Arrival at 9:00 PM

PERSONAL DETAILS

(Fill in capital letters)

Delegate's Full Name Mr. / Mrs. **_____

Address**_____

Country / City**_____ Phone No**_____

Mobile No**_____ E-mail**_____

No. of Persons_____ Total Tour Cost_____

in Words _____

*** NOTE: Kindly Fax us the duly filled in Tour form and Scanned copy to tirupathi@cimindia.net**

AIRPORT TRANSFER (Please Tick Below)

☐ One way Airport transfer cost at rupees: 1100 ☐ Both way Airport transfer cost at rupees: 2000

PAYMENT MODE

1.) CREDIT CARD

VISA ☐ **MASTER** ☐ **AMEX** ☐

I_____ hereby authorize to **M/s Conferences & Incentives Management (I) Pvt. Ltd.** to charge my

Credit Card No: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiry Date: ☐☐/☐☐ (mm / yy) CVV / DCB No: ☐☐☐☐

CVV Number on the backside of the card (3digit - Master/Visa) & DCB Number on the front side of the card (4digit Amex Only) Surcharge of 2.9% for visa/master card and 3.9% on American Express Card should be added to the total amount.

Name as on card _____ Total Amount _____ Signature _____

2.)BANK DEMAND DRAFT (For Indian Delegates only) in favor of **Conferences & Incentives Management (I) Pvt. Ltd.** payable at Hyderabad

DD/Cheque No._____ Bank Details_____ Amount _____

Date_____

Signature_____

Please attach a copy of your credit card along with an Identity Proof

3.)BANK TRANSFER

Kindly send MT100 form given by the bank and mail it to **tirupathi@cimindia.net or fax to +91 40 23114421**

I would like to register through the Bank Transfer ☐

Name of the Account	:	**Conferences & Incentives Management (I) Pvt Ltd**
Bank Name	:	**Royal Bank of Scotland**
Account Number	:	**170287 (Current Account)**
Bank Address	:	**Hansalaya Building, 15 Barakhamba Road, New Delhi -110001 India**
Sort Code	:	**ABNAINBBDEL (Swift Code)**

*** Note: - In case of cancellation all refunds would be processed as per the cancellation policy mentioned in the Conference website.**

FOR FURTHER ASSISTANCE CONTACT

Conference & Incentives Management (I) Pvt. Ltd.
1st floor, HITEX Trade Fair Office, HITEX
Izzatnagar Madhapur, Hyderabad - 500084
Tel No: + 91 - 40 - 65162846, **Mobile No:** + 91 - 9848440272, **Fax:** + 91 - 40 - 23114421
Email: tirupathi@cimindia.net, **Website:** www.cimindia.net