# InnoBRIDGE USA 2020 Delegation

## May 18 – 22, 2020

***REGISTRATION FORM***

Download this registration form, fill all the necessary details and send it to [parthvee@innovatiocuris.com](mailto:parthvee@innovatiocuris.com)

|  |  |
| --- | --- |
| Name |  |
| Designation |  |
| Organization / Company |  |
| Address |  |
| City, Pin, State |  |
| Telephone |  |
| Mobile |  |
| Email ID |  |
| Website |  |
| Do you already have a valid USA Visa? | Yes No |
| Do you want a Visa recommendation letter from InnovatioCuris Foundation for Healthcare & Excellence (ICFHE)? | Yes No |
| Passport Details | 1. Name on the Passport: 2. Passport No.: 3. Date of Issue: 4. Place of Issue: 5. Expiry Date (min 6 months validity): 6. Date of Birth: 7. Place of Birth: |
| **Personal Profile (In 50 words)** | |
|  | |
| **Institute/ Company Profile (In 50 words)** | |
|  | |
| **Objective of your Participation (In 50 words)** | |
|  | |
| **Travel Plan** | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Arrival (at New York)** | | | | **Departure (From New York)** | | | | | **Location** | **Date** | **Time** | **Flight No.** | **Location** | **Date** | **Time** | **Flight No.** | |  |  |  |  |  |  |  |  | | |
| **Important Note** | |
| * Final Itinerary of the mission would be sent to you in due course * Please send the soft copy of the ‘**Registration Form**’ (word file) along with Digital Photograph (high resolution) to [parthvee@innovatiocuris.com](mailto:parthvee@innovatiocuris.com) * **Registration fee paid to ICFHE would include** –   + Facilitation fee for arranging meeting, workshop and visits only * **Exclusions**    + Expenses i.e. Airfare, Hotel booking, Visa Fee, Food and personal visits to be arranged by the delegates. | |

|  |  |
| --- | --- |
| **Registration Fee / Terms of Participation** | |
| Registration Fee per delegate | INR 70,000/- |
| **Note:**   * Registration fee must be paid in advance * In case of cancellation, only 50% of the program fees will be reimbursed, if the notice is given 1 month in advance in writing. Post which there will be no refund. * Cheque / DD to be issued in favour of ‘**Innovatiocuris Foundation Of Healthcare and Excellence ’** payable at New Delhi. * In case the payment is made through NEFT then please share the payment advice | |

IC GST details are as follows

|  |  |
| --- | --- |
| Name | Innovatiocuris Foundation Of Healthcare and Excellence |
| Address | Ground Floor, A-1, Adhchini, Aurobindo Marg, New Delhi - 110019, India |
| Pan No. | AAECI7276F |

For online transfer (NEFT/RTGS) the details are as follows:

|  |  |
| --- | --- |
| Account number | 918020021321597 |
| Bank name | Axis Bank |
| Address | Ground Floor, A-1, Adhchini, Aurobindo Marg, New Delhi - 110019, India |
| IFSC code | UTIB0003028 |
| SWIFT Code | AXISINBB160 |

|  |  |
| --- | --- |
| **Company GST Details for Raising Invoice (Mandatory)** | |
| Customer Name (As per GST Registration Certificate) |  |
| GST No. |  |
| Billing Address with City & Pin |  |
| State |  |
| TAN No. |  |
| PAN No. |  |
| Account person contact Name & Designation: |  |
| Account person E mail id & Phone Number |  |

**Details for delegation brochure**

For the delegation brochure to be prepared by ICFHE, please attach your brief CV (one typed page) and profile of your company/institute along with a few important projects handled by you with photos (preferably one typed page).

**Miscellaneous Information**

* All mission members would be required to arrive at New York latest by 17th May, 2020 (evening)
* The visa may be collected by the delegation members themselves; the necessary letter would be issued by ICFHE for visa facilitation.
* Air tickets to be arranged by the delegation members themselves.
* The members are requested to adhere to the time schedule for visits and meetings.