

# NATIONAL HERNIA CONGRESS & LIVE WORKSHOP

December 14 - 16, 2007

New Delhi, India

## REGISTRATION FORM

Name : .....

Accompanying  
Person : .....

Address : .....  
.....  
.....  
.....

City : ..... Pin : .....

E-mail : .....

Tel. No. : (0) ..... (R) .....

Fax No. : ..... Mobile .....

### Payment details:

Amount (\*) : Rs. .... Draft No.: .....

Dated : .....

Drawn on : .....

*All payment are to be issued in favour of "Hernia Society of India" through Demand Draft payable at New Delhi (India).*

Date : .....

.....  
Signature

*Please send the complete registration form alongwith demand draft at :*

### MINIMAL ACCESS & BARIATRIC SURGERY CENTRE

Room No. 200, 2nd Floor, Sir Ganga Ram Hospital, Rajinder Nagar, New Delhi-110 060 (India)

Tel. : +91-11-2586 8768 / 2574 8085 / 42251200 • Fax : +91-11-2574 8085

E-mail : [info@hsi-aphs.com](mailto:info@hsi-aphs.com) • [hsiaphs@gmail.com](mailto:hsiaphs@gmail.com)

Website : [www.hsi-aphs.com](http://www.hsi-aphs.com) • [www.aphernia.com](http://www.aphernia.com)

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## MEMBERSHIP FORM

### MEMBERSHIP FEE

Life Membership - APHS (Singapore)	US \$ 100.00
Life Membership - APHS (Singapore) + HSI (National Chapter of APHS)	Rs. 5,500.00
Life Membership - HSI (National Chapter of APHS) only	Rs. 1,000.00

*Mode of Payment: Demand Draft / Local Cheque in favour of "Hernia Society of India" payable at New Delhi (India)*

### PART A – MEMBER'S PARTICULARS

#### 1. Full Name of Proposed Member

Title : Prof / Dr / Mr / Ms

First Name : ..... Middle Name : ..... Last Name : .....

#### 2. Residential Address

Address : .....

City : ..... Country ..... Postal Code .....

#### 3. Contact Details

Ph. No. : (Res.) ..... Fax No. : (Res.) ..... Mobile : .....

E-mail : .....

4. Date of Birth : (DD/MM/YYYY) ..... 6. Nationality : .....

5. Educational Qualifications : .....

### PART B – PRESENT EMPLOYMENT STATUS

#### 1. Name & Address of Organization / Hospital

Address : .....

City : ..... Country ..... Postal Code .....

#### 2. Contact Details:

Ph No. : (Res.) ..... Fax No. : (Res.) ..... Mobile : .....

E-mail : .....

3. Position / Title : .....

### PART C – PAYMENT DETAILS

Draft No. : ..... Dated : ..... Amount : .....

Drawn on : .....

*Please enclose your Post Graduation Certificate & Passport size Photograph with this form and send to :*

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E-mail : info@hsi-aphs.com • hsiaphs@gmail.com

Website : www.hsi-aphs.com • www.aphernia.com

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**New Delhi, India**

## **ABSTRACT FORM**

**ABSTRACT TITLE**

**AUTHORS / PRESENTERS**

**INSTITUTION / HOSPITAL**

*Abstract must be typed within this frame.*

**NATIONAL HERNIA CONGRESS & LIVE WORKSHOP**  
**December 14 - 16, 2007**  
**New Delhi, India**

**ABSTRACT SUBMISSION FORM**

**Deadline for receipt of Abstracts : November 15, 2007**

**PRESENTING AUTHOR**

Title : Prof. / Dr. / Mr. / Mrs. / Ms.

First name : ..... Last name : .....

Department : .....

Institution : .....

Postal Address : .....

.....

City : .....

Country : ..... Postal Code .....

Tel No. : (O) ..... (R) .....

Fax No. : ..... (Mobile) .....

E-mail : .....

**PRESENTATION TYPE**

*Video Presentation Only*

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## CALL FOR ABSTRACTS

*Deadline for Submission of Abstracts : November 15, 2007*

### GUIDELINES *(please read thoroughly)*

1. Abstracts must be written in English only. It must be typed within the frame in the Abstract Form (using Arial font and in 11 points). Please restrict the abstract to the space given for it. Leave no margin at the top and left hand side. Care must be taken when typing the submission, which will be directly photo-printed.
2. The title must be in CAPITAL LETTERS on the first line. It should be short and concise.
3. The Names of authors should follow immediately under the title. Type initials and family name of the authors in CAPITAL LETTERS and underline the presenting author. Do not use degrees of professional titles. The names of institutions, city and country should be in lower case, following immediately after the authors.
4. The abstracts should contain :
  - Objectives
  - Methods used / Materials
  - A summary of results
  - A summary of conclusions. It is not satisfactory to state "The results will be discussed".
5. Do not include graphs, tables or references in the abstract.
6. Use single-line vertical spacing and leave one line between paragraphs.
7. Only video presentations would be accepted.
8. Abstracts are subject to approval by the organizing committee and the decision made will be final.
9. Please submit the passport size photograph and a brief introduction (not exceeding 4 lines) of the presenting author.
10. Only authors who have paid the registration fee are entitled to submit an abstract. Authors will be notified of acceptance or rejection.

*Mail the original abstract form using cardboard backing, unfolded, to prevent damage in the post to :*

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**Please send a soft copy of Abstract, Photograph,  
Brief introduction of the presenting author in a Floppy / CD and E-mail.**