



MDSICON 2025

MOVEMENT DISORDERS : PHENOMENOLOGY TO TECHNOLOGY

9TH ANNUAL NATIONAL CONFERENCE OF
THE MOVEMENT DISORDERS SOCIETY OF INDIA



DATE : 28TH FEBRUARY TO 2ND MARCH 2025 | VENUE : HOTEL TAJ GANGES, VARANASI

REGISTRATION FORM

(PLEASE FILL IN CAPITAL LETTER)

Title: Prof. ☐ Dr. ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Gender: Male ☐ Female ☐ DOB: _____

First Name: _____ Middle Name: _____ Last Name: _____

Institute/ Hospital: _____ Designation: _____

Postal Address: _____

City: _____ State: _____ Pin: _____ Country: _____

Meal Preference: Veg. ☐ Non Veg. ☐ Phone (Off): _____ (Res): _____

Mobile (Mandatory): _____ E-mail (Mandatory): _____

ACCOMPANYING PERSONS

	Age	Male	Female
1. Name.....		☐	☐
2. Name.....		☐	☐

PRE-CONFERENCE WORKSHOP

Category	Date	Time	Fees
Botulinum Toxin Injection ☐	27 TH FEB 2025	02:00 - 04:30 PM ☐	₹ 3,000
Genetics in Movement Disorder ☐	27 TH FEB 2025	02:00 - 04:30 PM ☐	₹ 3,000
DBS ☐	27 TH FEB 2025	05:00 - 08:00 PM ☐	₹ 3,000
Electrophysiology in Movement Disorder ☐	27 TH FEB 2025	05:00 - 08:00 PM ☐	₹ 3,000

For Two Workshop the amount will be ₹ 5000/-

For International Delegates \$ 50 and \$ 100 Respectively

REGISTRATION FEES

Category	Early Bird	Regular Registration	Late Registration	Spot Registration
	Till Date 30 th September 2024	Till Date 31 st December 2024	Till Date 10 th February 2025	After 10 th February 2025
Member ☐	₹ 12,000 ☐	₹ 13,000 ☐	₹ 15,000 ☐	₹ 20,000 ☐
Non-Member/ SAARC ☐	₹ 14,000 ☐	₹ 15,000 ☐	₹ 17,500 ☐	₹ 21,000 ☐
DM/M.Ch./DNB Students & Post-Doctoral Fellows ☐	₹ 8,000 ☐	₹ 10,000 ☐	₹ 12,500 ☐	₹ 14,500 ☐
Ph. D/Other Students ☐	₹ 4,000 ☐	₹ 6,500 ☐	₹ 8,500 ☐	₹ 10,500 ☐
Accompanying Delegate ☐	₹ 10,000 ☐	₹ 11,000 ☐	₹ 13,500 ☐	₹ 16,000 ☐
Overseas ☐	\$ 600 ☐	\$ 650 ☐	\$ 700 ☐	\$ 800 ☐

*The above fee is inclusive of 18% GST.

I am enclosing herewith details of Cheque/Demand Draft/Online Payment.....dated.....
of Rs.....(in words:.....only)
drawn on bank.....In favour of "MDSICON 2025" payable at
Varanasi.

BANK DETAILS OF MDSICON 2025

BENEFICIARY NAME : MDSICON 2025

A/C NO : 27790200000842

IFSC CODE : BARBOBHUVAR

NAME OF BANK : BANK OF BARODA

BRANCH : 2779 BHU CAMPUS | ADDRESS : BHU, CAMPUR, SS HOSPITAL BUILDING, LANKA, DT VARANASI-221005

REGISTRATION GUIDELINES

- Conference Registration is mandatory for workshops & Banquet.
- Please ensure to wear a registration badge (Bar/QR Coded) in the conference area.
- Registration is non-transferable.
- Delegate must bring a receipt at the time of registration.
- PG Students will have to submit a no-objection letter from HOD-Head of the Department/Institute.
- Please mention your registration number in all future correspondence with Conference Secretariat.
- For spot registrations: Payment will be accepted only by mode of cash/card. The disbursement of the delegate kit for the same will be subject to the availability.
- Delegate kit would be handed over only to the registered delegate.
- Online & Offline registration will be closed on 25th February 2025.
- 3% additional charges will be applicable for online registration.
- For any change in the registration slab subsequently, the same will be updated on the website www.mdsicon2025.com and shall be effective w.e.f revision date.
- Please write us a mail regarding registration: mdsicon2025@gmail.com

CANCELLATION & REFUND POLICY

- Requests for Cancellation and to process refunds must be emailed to the conference secretariat at email : mdsicon2025@gmail.com
- 50% refund, if cancelled before 1st September 2024.
- 25% refund, if cancelled before 31st January 2025.
- No refund, if cancelled after 1st February 2025.
- Payment shall be refunded after 1 month of the conference.
- Refund will be initiated/transferred Online, DD/ Cheque only after the conference.

PAYMENT MODE

- An online payment facility is available. The same can be accessed by online registration
- **Offline Payment :** Delegates who wish to pay by Cheque /DD may draw the same in favour of "MDSICON 2025" and send it along with a duly filled registration form to the Conference Secretariat.

Please submit the duly filled form to conference secretariat:

For Office use only:

Date: _____ Receipt No.: _____ Registration No.: _____

Date

Signature

CONFERENCE SECRETARIAT

Dr. Deepika Joshi, Organizing Chair | **Dr. Anand Kumar**, Organizing Secretary

Address : Department of Neurology, Institute of Medical Sciences CSSB 1st Floor, Banaras Hindu University, Varanasi-221005, India

Email : mdsicon2025@gmail.com | Phone : **+91 9918978666, 9667741595** (09:00 AM-04:00 PM)



PROFESSIONAL CONFERENCE ORGANIZER

B-19, 3rd Floor, Block-B, Sector-01, Noida, Uttar Pradesh-202301

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