



Indian Academy of Neurology APPLICATION FORM FOR INVITING

Annual Conference

1. Name of the Local Neurology Group/Society.
Inviting the conference.
2. Proposed Organizing Secretary and his Address
(With PIN Code, Telephone & Fax Nos.)
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3. Present Officer Bearers of the Group/Society.
4. Institution / Site where the conference is to be held
(With full postal address and Telephone Nos.)
5. Previous IANCON or other national conferences held in city and when.
6. Air, Rail and Road connections available.
7. Facilities available.
 - a. No. of conference halls and their seating Capacity for conducting concurrent session.
 - b. Details of Audio/ Video/ Visual facilities.....
 - c. Electricity and alternate arrangements in case of power failure.
 - d. Facilities for transportation of delegates
 - e. Details of Hotel/ Hostel/ Guest House accommodations available.
 - f. Facilities for catering service.
 - g. Telephone facilities
 - h. Facilities available for conduct of cultural programme.
 - i. Accommodation Tariff.
 - j. Manner in which saving would be spent
8. Space available for
 - a. Posters / exhibits
 - b. Exhibition stalls
 - c. Sale of CME books
 - d. Registration counter
 - e. Academy's office
9. Brief description of Historic places around or other sight seeing places.
- 10.No. of Neuroscientists available for helping the Organizing Secretary for efficient
conduct of the conference.



11. Proposed registration fee

Category	Upto 31 st Dec (Early bird)	Upto 31 st May (Regular)	Upto 31 st July (Late)	Spot
IAN Member				
PG Student				
Accompanying				
Person				

Non member

12. Any special information.

13. Declaration:

I/ We hereby declare that I/ We will provide local hospitality and complimentary registration to the IAN Executive, Orators and Guest Speakers and speakers invited for the CME or other sessions, who are not members of the IAN. We give an undertaking to submit the list of registered delegates. We will comply with the IAN guidelines with regard to the contributions to the IAN and the Annals of Indian Academy of Neurology.

We will host the mid term Executive Committee meeting. We agree that all financial transactions of the conference will be through one bank account and we shall give an audited account of the entire financial aspects of the conference within four months of completion of the conference.

14. Recommendation of Head of Institution. (When venue is in an Institution)

Date:

Signature:

Name and Address

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(Please use additional pages where necessary)

Kindly fill the application form and send it as email attachment with all supportive documents if required to iansecretary@gmail.com. Please mention IANCON 2014 bid in the subject line of the email.