

3rd

International Healthcare Quality Conclave



“Role of Quality in Globalization of Indian healthcare”

AND

Post conference Workshop on New JCI Standards, 4th Edition

VENUE

EPICENTRE ,GURGAON,NCR

DATE : 30th & 31st JULY '10



Organized by



In association with



Who Should Attend



- Public and Private Hospitals
- Nursing Homes
- Medical tourism organizations
- Diagnostic Laboratories
- Health Insurance Companies
- Medical Devices and Hospital Equipment Companies
- Medical Education Institutions
- Nursing Training Centres
- Medical Associations / Institutions
- Human Resource and Planning agencies
- Policymakers and regulators from Central and state Governments

Post Conference Workshop on New JCI standards 4th Edition
(being launched on **July 2010** and will be applicable from **1st Jan 2011**) “Facilitated
by **faculty drawn from JCI**”

Registration Details

Category	Before 15 Jul Indian	Before 15 Jul Foreign	Spot Registration Indian	Spot Registration Foreign
Delegates (conference)	Rs 3500	USD 100	Rs 4500	USD 125
Students (Conference)	Rs 1000	NA	Rs 2000	NA
Conference +Post Conference Workshop	Rs 7500	USD 250	Rs 8500	USD 400
Conference +Post Conference Workshop (student)	Rs 5000	USD 200	Rs 6000	USD 300

**Bulk Registration for Delegates
(Conference)**

**Group Of 3 pay only
Rs 9000**

**Group Of 5 pay only Rs
14000**

Paper Presentation Competition- Highlight of the conference for Students.
(Last date of submission of papers 10th of July)

For Registration Contact

ASTRON
Hospital & Health Care Consultants

Ms. Deeksha Khurana; Mobile: +91-9718751901 email: deeksha@astronhealthcare.com

Conference Secretariat – Astron Hospital & Healthcare Consultant Pvt. Ltd.

LG, Surya Kiran Complex, Opp State Bank of India Main Branch Gurgaon Haryana – 122001

Ph: 0124-4267551 / 52 Fax : 0124-4546200,

website : www.eventsatihcqf.com / www.astronhealthcare.com

Registration Form

Delegate

Date ___/___/___

TITLE (Prof./ Dr./ Mr./Mrs./Ms.) _____

FIRST NAME

MIDDLE NAME

FAMILY NAME

DESIGNATION _____

COMPANY/ORGANIZATION _____

MAILING ADDRESS _____ Pin/Zip Code _____

CITY _____ COUNTRY _____

(PASSPORT NO.-For Foreign Delegates Only) _____

TELEPHONE (IF ANY) _____ OFFICE _____

EMAIL _____

ACCOMPANYING PERSON

(NAME) _____

Mode of Payments:

Bank Draft / Cheque

Bank draft in US\$ or Indian Rupee to be made in favor of "IHCQF" and send it at Conference Secretariat,

Instructions

- Registration after 15th July 2010 would be considered spot registration
- Limited seats are available for the students, will be provided on first come first serve basis.
- Students are requested to attach a Bonafide Certificate from the institution.
- No separate Registration for post conference workshop alone.
- The registration form can be faxed at: **0124-4546200**,
- You may Register online by visiting the www.eventsatihcqf.com
- You may also send the registration form with draft / pay order at the Conference Secretariat.

For further details contact

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