3rd International Conference on Healthcare and Medical Research

LISTNER REGISTRATION FORM

e-mail: info@ichmr.com Web: www.ichmr.com

Payment of a registration fee covers the cost to attend all conference activities, coffee breaks, conference reception and banquet, and all lunches during the conference. In addition, each registrant will receive a copy of the conference certificate.

Notice that this registration fee does not cover transportation fee, accommodation fee, and after conference tour fee.

All questions and inquiries concerning registration and payment should be addressed to:

Signature (Listner):

Remarks:

Please complete this form and email a scanned copy to: info@ichmr.com

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Event Name		ce on Health Care and Medical Resear	rch (ICHMR-2025)
Venue/Place of Event			
Date of Event	26th & 27th July, 2025		
PLEASE KINDLY FILL IN A	SEPARATE REGISTRATION FO	ORM FOR EACH CONFERENCE PART	ICIPANT
Full Name		Highest Qualification	
Affiliation/Designation			
Mailing Address			
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Listener Registration information	ener Reg. ID:		
PAYMENT INFORMATION	ON		
Total Amount (USD)	Rank Nama	Pamitter Da	to Ref No
Total Amount (USD)) Bank Name	Remitter Da	te Ref. No
Total Amount (USD)	Bank Name For online transfer (Debt card/Credit card/Online Banki	Order ID/Traction ID:	te Ref. No
Note: It is mandatory to pro	For online transfer (Debt card/Credit card/Online Banki wide a scan copy of ID Proof /Pa	Order ID/Traction ID: assport along with this Registration form	