



ENROLLMENT FORM: RESURGENCE 2021 – ECHO I AND ECHO II

Your enrollment/nomination will be accepted subject to receiving the signed consent form / online consent on LMS (lms.isabs.org) and payment confirmation.

(All fields are mandatory. Please send the duly filled in form at dean.programmes@isabs.org and admin@isabs.org)

Participant Name: _____

Lab and format Applied for: Please tick or highlight as appropriate. One participant can apply for only one lab in one format.

Lab Applied for	ECHO I	ECHO II
Format 1	6 consecutive days	24 th to 29 th August 2021
Format 2	3 days a week over two consecutive weeks	27,28,29 August and 3,4,5 September 2021
Participants are required to commit their time for all 6 days in both the formats.		

Lab Timings (IST)					
Please Tick	Time Slot	Start	End	Format and Dates	Likely Best fit Time Zone
	Slot 1	10.00 am	5.30pm	Format 1: 24th to 29th Aug	India Time (IST)
		10.00 am	5.30pm	Format 2: 27-28-29 Aug & 3-4-5 Sept	
	Slot 2	7.30 am	3.00pm	Format 2: 27-28-29 Aug & 3-4-5 Sept	South East Asia (assuming an approx. 2.5 hrs. difference)
	Slot 3	01.30 pm	9.00 pm	Format 2: 27-28-29 Aug & 3-4-5 Sept	Central European Time
	Slot 4	5.00 am	11.30 am	Format 2: 27-28-29 Aug and 3-4-5 Sept (India Dates)	CST (USA) Note: the US dates for this will be Format 2: 26-27-28 Aug and 2-3-4 Sept
Actual timings may vary by some margin. Participants are requested to check the exact date and time as per their time zone.					

OTHER PARTICIPANT INFORMATION:

1. **Profession/Occupation:** _____ (Employed, Homemaker, Student etc.)
2. **Age** (years completed): _____
3. **Gender:** (Female /Male/ Other) _____
4. **Academic Qualification:** _____
5. **Languages Known:** _____
6. **Previous Lab Experience:** Type of Lab last completed (BLHP/ECHO I/ALHP/ECHO II/PDP) _____
 - a. **Date:** _____
7. **Participant Contact Information:** E-mail id: _____ **Tel No. :** _____
8. **Person to be contacted in Emergency:** Name: _____
 - a. **Relationship with participant:** _____
 - b. **Contact number: (landline/mobile)** _____



PROGRAM FEE DETAILS:

Please indicate the option chosen and fill in relevant payment details.

Fee option	Total Amount paid	Payment Details: Net-banking ref no./ Cheque or DD no. etc.
Corporate and Public Sector	INR _____/-	
Self, Social and Education sector	INR _____/-	
Bursaries applied for: Yes / No	Application mailed on: date _____	Application mailed to: Name _____

Resurgence 2021: Fees					
Full Fee	Basic fee	*AM fee	Sub-total	GST @ 18%	Total payable per person
Corporate and public sector	15000	250	15250	2745	17995
Self, Social and Education Sector	10500	250	10750	1935	12685
Early Bird Discount @ 15% -- Valid for registrations paid up in full on or before July 25th, 2021					
Corporate and public sector	12750	250	13000	2340	15340
Self, Social and Education Sector	8925	250	9175	1652	10827
Group Discount @ 10% -- Valid for registrations paid up in full on or before July 31st, 2021					
corporate and public sector	13500	250	13750	2475	16225
Self, Social and Education Sector	9450	250	9700	1746	11446
Double Discount for Groups in Early Bird period @ 25% -- Valid for registrations paid up in full on or before July 25th, 2021					
Corporate and public sector	11250	250	11500	2070	13570
Self, Social and Education Sector	7875	250	8125	1463	9588
					Group of 3
					Group of 4
					Group of 5
Corporate and public sector	11250	250	11500	2070	13570
Self, Social and Education Sector	7875	250	8125	1463	9588
					40710
					54280
					67850
					28763
					38350
					47938

**Note on Associate Membership (AM) Fee: The Associate Membership Fee (AMF) is an annual fee. It will enroll you as associate member for one year from 24th Aug 2021. If you have paid it any time after 23rd Aug 2020, till date of registration and payment, you may deduct the due amount (Rs.250/-) from the total fee payable and mention details of the AMF paid in the nomination form*

PAYMENT OPTIONS:

- Online:** You may make the payment online using our online payment gateway (2% convenience fee will be charged extra). Use the Payment Link on our events page on www.isabs.org. Before you make the payment, kindly ascertain the exact amount that you need to pay with our accounts team, if you are unsure.
- Bank Transfer:** The programme fee can be wire transferred through internet into our account “Indian Society for Applied Behavioural Science” Bank Name: Canara Bank, Branch: Green Park Extension, Account Number: 90482010014884, Account Type: Saving, MICR Number: 110015011, IFSC Code(RTGS/NEFT) - CNRB0000350, SWIFT Number: CNRBINBBDGP
- Demand Draft (DD):** DD drawn in favour of “Indian Society for Applied Behavioural Science” payable at New Delhi. The DD may be sent to Mr. Shubhojeet Pal, ISABS, B-1/33A, Mezzanine Floor, Hauz Khas, New Delhi 110 016, India.
- Contact details: Shubhojeet Pal 8800605358 | Tel: +91-11-79656771 or (011) 26964710 or (011) 26850956 | E-mail id: admin@isabs.org ; contact@isabs.org