



***Address for Correspondence:***

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# *First Announcement*



50 Glorious years of PGIMER

## **6<sup>th</sup> Kawasaki Disease Summit of India & 1<sup>st</sup> Annual Conference of Kawasaki Disease Society of India**

**3<sup>rd</sup> & 4<sup>th</sup> November, 2018**



**Advanced Pediatrics Centre,  
Postgraduate Institute of Medical Education  
and Research, Chandigarh, India- 160012**

## INVITATION

The Department of Pediatrics, Advanced Pediatrics Centre, PGIMER, Chandigarh would be hosting the '6<sup>th</sup>. Kawasaki Disease Summit of India & 1<sup>st</sup>. Annual Conference of Kawasaki Disease Society of India' on 3<sup>rd</sup>. & 4<sup>th</sup>. November, 2018.

Prof. Nagib Dahdah from Canada, Prof. Hiromichi Hamada and Prof. Yoshihiro Onouchi from Japan, and Prof. Rolando Cimaz from Italy are the guest faculty amongst many others. There would be a special session on the genetics of Kawasaki Disease.

We invite you to join us at Chandigarh and participate in the proceedings of this meeting.

**Best wishes,  
Vignesh P  
Organizing Secretary**

Prof. Surjit Singh  
Organizing Chairperson

## CONFERENCE DETAILS

6<sup>th</sup> Kawasaki Disease Summit of India  
&

1<sup>st</sup>. Annual Conference of Kawasaki Disease  
Society of India

Advanced Pediatrics Centre,  
Postgraduate Institute of Medical  
Education and Research  
Chandigarh, India- 160012

3<sup>rd</sup> & 4<sup>th</sup> November, 2018

### REGISTRATION FEE

Rs. 1000 till 20.09.2018  
(Rs. 750 for residents)

Rs. 1500 till 20.10.2018  
(Rs. 1000 for residents)

Rs. 2000 after 20.10.2018 and spot  
registration (Rs. 1500 for residents)

### MODE OF PAYMENT

Demand drafts may be drawn in favour of 'PEDIATRIC IMMUNOCON', payable at Chandigarh. For outstation cheques, please add Rs. 70/- for bank charges. Online transfer can also be done to the following bank account

Account name: PEDIATRIC IMMUNOCON

Account number: 37708999505

Bank: State Bank of India

IFSC code: SBIN0001524

Branch: Medical Institute PGI, Chandigarh

Conference email

6thkdsummit.india@gmail.com

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3<sup>rd</sup> & 4<sup>th</sup> November, 2018

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/ STATE \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

DESIGNATION \_\_\_\_\_

INSTITUTE \_\_\_\_\_

TEL. \_\_\_\_\_

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