

DERMACON 2026 Bengaluru

54th National Conference of Indian Association of Dermatologists, Venereologists & Leprologists

29th January to 1st February 2026

Venue: Clarks Exotica Convention Resort & Spa, Bengaluru

REGISTRATION FORM

For Office Use Only

Reg. No. _____ Date _____

Amount _____ Receipt No. _____

Photo

Part 1: Registration Information (please write in capitals only)

SAARC Delegate ☐ Foreign Delegate ☐ IADVL Member ☐ PLM ☐ ALM ☐

(Please tick appropriate box above)

*Delegate Entitlement as per the constitution of the IADVL.

IADVL No. (LM/PLM/ALM) * _____ Medical Council No* _____ State* _____

Name *Title _____ First Name _____ Middle Name _____ Last Name _____

Name as to appear on Badge _____

Designation* _____ Gender M ☐ F ☐ Date of Birth Age

Institution Affiliation/Clinic Name* _____

Address* _____

City _____ Postal Code _____ State _____ Country* _____

Tel. No. Code _____ Ph. No. _____ Mobile No* _____

E-mail Id* _____

Meal Preference

Veg. ☐ Non-Veg. ☐

Part 2: Accompanying Persons

Title	Name	Gender	Age	Relation	Meal	
1.	_____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	_____	Veg. <input type="checkbox"/>	Non-Veg. <input type="checkbox"/>
2.	_____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	_____	Veg. <input type="checkbox"/>	Non-Veg. <input type="checkbox"/>
3.	_____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	_____	Veg. <input type="checkbox"/>	Non-Veg. <input type="checkbox"/>
4.	_____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	_____	Veg. <input type="checkbox"/>	Non-Veg. <input type="checkbox"/>

Note: Registration for children below 5 years is complimentary, however it is mandatory to mention their details above for security purpose.

*Mandatory Fields

REGISTRATION DETAILS

Date & Time	Description	Selection (Tick the appropriate)	Amount including GST (For office use only)
30-01-2026 to 01-02-2026	Conference	<input type="checkbox"/>	
29-01-2026 to 01-02-2026	Conference + CME	<input type="checkbox"/>	
29-01-2026 Thursday 09:00-11:00	<input type="checkbox"/> WS 01 : Injectable Toxin Basics <input type="checkbox"/> WS 05 : Dermatosurgery 1 <input type="checkbox"/> WS 09 : LASERS - LHR <input type="checkbox"/> WS 13 : Chemical peels <input type="checkbox"/> WS 17 : Pediatric dermatology <input type="checkbox"/> WS 21 : Skin /face analysis <input type="checkbox"/> WS 25 : Office based procedures <input type="checkbox"/> WS 29 : Periorbital rejuvenation	(Select only 1 out of 5 WS - tick the box & also write down the code below) 	
29-01-2026 Thursday 11:30-13:30	<input type="checkbox"/> WS 02 : Injectable Toxin Advanced <input type="checkbox"/> WS 06 : Dermatosurgery 2 <input type="checkbox"/> WS 10 : LASERS- Pigment <input type="checkbox"/> WS 14 : Thread lifts <input type="checkbox"/> WS 18 : PRP/Exosomes <input type="checkbox"/> WS 22 : Aesthetic Studio* <input type="checkbox"/> WS 26 : Diagnostic tests <input type="checkbox"/> WS 30 : Hand rejuvenation	(Select only 1 out of 5 WS - tick the box & also write down the code below) 	
29-01-2026 Thursday 14:00-16:00	<input type="checkbox"/> WS 03 : Injectable Fillers Basics <input type="checkbox"/> WS 07 : Acne scar surgery <input type="checkbox"/> WS 11 : EBD <input type="checkbox"/> WS 15 : Nail surgery <input type="checkbox"/> WS 19 : Intracutaneous therapy*/lipolysis <input type="checkbox"/> WS 23 : Photography <input type="checkbox"/> WS 27 : Hair transplantation <input type="checkbox"/> WS 31 : Lip and intimate area rejuvenation	(Select only 1 out of 5 WS - tick the box & also write down the code below) 	
29-01-2026 Thursday 16:30-18:30	<input type="checkbox"/> WS 04 : Injectable Fillers Advanced <input type="checkbox"/> WS 08 : Vitiligo surgery <input type="checkbox"/> WS 12 : Trichology <input type="checkbox"/> WS 16 : Dermoscopy <input type="checkbox"/> WS 20 : Microblading/camouflage <input type="checkbox"/> WS 24 : Autologous fat grafting <input type="checkbox"/> WS 28 : Procedures for Hidradenitis suppurativa <input type="checkbox"/> WS 32 : Neck rejuvenation	(Select only 1 out of 5 WS - tick the box & also write down the code below) 	
30-01-2026 Friday 16:0-18:30	<input type="checkbox"/> WS 33 : Injectable Toxin Basics <input type="checkbox"/> WS 34 : Injectable Fillers Advanced <input type="checkbox"/> WS 35 : LASERS - LHR <input type="checkbox"/> WS 36 : Trichology <input type="checkbox"/> WS 37 : Flap and plasty	(Select only 1 out of 5 WS - tick the box & also write down the code below) 	
31-01-2026 Saturday 16:30-18:30	<input type="checkbox"/> WS 38 : Injectable Fillers Basics <input type="checkbox"/> WS 39 : Injectable Toxin Advanced <input type="checkbox"/> WS 40 : LASERS - Pigment <input type="checkbox"/> WS 41 : Vitiligo surgery <input type="checkbox"/> WS 42 : Periorbital rejuvenation	(Select only 1 out of 5 WS - tick the box & also write down the code below) 	
	Total Number of Workshops selected		Total :

REGISTRATION DETAILS

National Delegates (All payments in INR ₹)

DELEGATES CATEGORY	EARLY BIRD - SLAB 1			SLAB 2			SLAB 3			SLAB 4			SPOT REGISTRATION		
	6 th February 2025 to 30 th April, 2025			01 st May 2025 to 31 st July, 2025			01 st August 2025 to 31 st October, 2025			01 st November 2025 to 15 th January, 2026			16 th January, 2026 Onwards		
	Amount + GST = Total Amount			Amount + GST = Total Amount			Amount + GST = Total Amount			Amount + GST = Total Amount			Amount + GST = Total Amount		
	Conf. only	Conf. + CME	Workshop	Conf. only	Conf. + CME	Workshop	Conf. only	Conf. + CME	Workshop	Conf. only	Conf. + CME	Workshop	Conf. only	Conf. + CME	Workshop
IADVL MEMBERS	9000 + 1620 = 10620	12000 + 2160 = 14160	3000 + 540 = 3540	11500 + 2070 = 13570	15000 + 2700 = 17700	3500 + 630 = 4130	14000 + 2520 = 16520	17500 + 3150 = 20650	4000 + 720 = 4720	17000 + 3060 = 20060	21000 + 3780 = 24780	4500 + 810 = 5310	22000 + 3960 = 25960	27000 + 4860 = 31860	5000 + 900 = 5900
POST GRADUATES	7000 + 1260 = 8260	8000 + 1440 = 9440	3000 + 540 = 3540	8500 + 1530 = 10030	9500 + 1710 = 11210	3500 + 630 = 4130	11000 + 1890 = 12980	13500 + 2430 = 15930	4000 + 720 = 4720	12500 + 2250 = 14750	15000 + 2700 = 17700	4500 + 810 = 5310	18000 + 3240 = 21240	20000 + 3600 = 23600	5000 + 900 = 5900
ACCOMPANYING PERSON	7000 + 1260 = 8260	8000 + 1440 = 9440	NA	8500 + 1530 = 10030	9500 + 1710 = 11210	NA	11000 + 1890 = 12980	13500 + 2430 = 15930	NA	12500 + 2250 = 14750	15000 + 2700 = 17700	NA	18000 + 3240 = 21240	20000 + 3600 = 23600	NA

International Delegates (All payments in US Dollar \$)

DELEGATES CATEGORY	EARLY BIRD - SLAB 1			SLAB 2			SLAB 3			SLAB 4			SPOT REGISTRATION		
	6 th February 2025 to 30 th April, 2025			01 st May 2025 to 31 st July, 2025			01 st August 2025 to 31 st October, 2025			01 st November 2025 to 15 th January, 2026			16 th January, 2026 Onwards		
	Amount + GST = Total Amount			Amount + GST = Total Amount			Amount + GST = Total Amount			Amount + GST = Total Amount			Amount + GST = Total Amount		
	Conf. only	Conf. + CME	Workshop	Conf. only	Conf. + CME	Workshop	Conf. only	Conf. + CME	Workshop	Conf. only	Conf. + CME	Workshop	Conf. only	Conf. + CME	Workshop
SAARC MEMBER	\$160	\$220	\$50	\$200	\$260	\$60	\$260	\$320	\$70	\$320	\$400	\$80	\$420	\$510	\$90
SAARC ACCOMPANYING PERSON	\$160	\$220	NA	\$200	\$260	NA	\$260	\$320	NA	\$320	\$400	NA	\$420	\$510	NA
FOREIGN DELEGATES	\$400	\$500	\$80	\$450	\$600	\$100	\$500	\$650	\$150	\$600	\$750	\$200	\$800	\$900	\$350
ACCOMPANYING PERSON (FOREIGN)	\$300	\$400	NA	\$400	\$500	NA	\$450	\$500	NA	\$650	\$700	NA	\$700	\$800	NA

Note: Registration includes entry to all halls, lunches and dinners, abstract book, app

*Total number of workshops selected _____ & total workshop Amount to be paid _____

Important: Kindly note that registration for Medical CME and Workshops cannot be combined. Delegates may register for either the Conference + CME or the Conference with Workshop. Both CME & Workshop will be scheduled on same Day 01 (29th Jan.2026) of the conference.

Bank Detail			GST NO - 08AAAT13796F2ZF
Bank Name: HDFC Bank	Branch: BANASWADI	A/C Name: DERMACON 2026 BENGALURU	
Account No.: 50100214642013	IFSC Code: HDFC0001759	MICR : 560240062	Branch Code: 1759

*Please send 'DD' in favor of "DERMACON 2026 BENGALURU" payable at Bengaluru.

Amount Paid:

RS. (In Fig) _____ RS. (In Word) _____

Mode of payment: Cash/ Card/ DD/ Online (tick appropriate as applicable) DD/ bank transfer transaction No.: _____

_____ dawn on _____

Method of payment

Payment (by one of the methods listed below) must accompany the registration form. Please note your registration will not be processed until realization of payment.

A: Demand draft no _____ Date: _____ Bank: _____

B: Bank Transfer no NEFT/RTGS/IMPS _____ Date: _____ Bank: _____

Declaration:

I hereby declare that; all the above-mentioned details are true and correct and I shall obey the rules, terms and conditions laid by the Organizing committee.

I also give my consent to the Organising Committee of DERMACON 2026 BENGALURU to collect process and use the data mentioned above for the purpose of compiling delegate lists, printing delegate badges and providing access controls for the conference.

I will not hold the Organizing Committee of DERMACON 2026 BENGALURU responsible for any incorrect information provided by me.

Delegate Name: _____ Date: _____ Signature: _____

ENTITLEMENTS

Delegates

- Conference kit
- Entry for all official functions
- Scientific sessions
- All lunches and dinners on conference days
- Tea/coffee
- Entry for trade/exhibition Area
- Certificate of attendance

Accompanying Person

- Inaugural functions
- All lunches and dinners on conference days
- Tea/coffee
- Spouse & children's programs in speciality lounges
- Other facilities in the resort as per actuals

Mandatory Requirements:

- Recent passport size photo.
- Photo ID Proof (Driving License/Passport/Election Card/Aadhar Card).
- E mail ID & Mobile No.
- Others: First name, Last name, Address, State, Pin code, Institute/Hospitals.

Registration Guidelines:

- Above fees is inclusive of Goods & Service Tax.
- Above fees is inclusive of Conference Insurance from **29, 30, 31st January & 1st February 2026**
- **Payment Options:** Online - Bank Transfers and debit or credit cards. **Cheques will not be accepted.**
- For all Online Payments through credit or debit an additional bank charge of 2.5% will be applicable.
- All Remittance/Bank charges/Online transaction fees to be paid by the Delegate.
- Letter from HOD is mandatory for post graduate residents for registration.
- Conference registrations mandatory for CME and workshops.
- Registration mandatory for all delegates including children above the age of 5 Years. Children less than 5 years of age must be registered (free of charge) for logistic/security reasons.
- Photo ID is mandatory for all delegates for security reasons to enter the Conference Area.
- Please ensure to wear registration badge all the time (Bar Coded) in the conference area and co-operate with security and screening procedures.
- Entry for accompanying persons may be restricted to certain areas at the venue during the event and are not allowed to the scientific halls.
- Registration number with acknowledgement & receipt of the payment will be sent to you within 30 days of application to your registered Email id only, if not received, please contact the registration coordinator. **Email: secretariat@dermacon2026bengaluru.com**
- No credit policy for registration fees, Registration fees mentioned is non-negotiable.
- Registration is not transferable.

Important Dates and Deadlines

- **Conference dates : 29, 30, 31st January & 1st February 2026**
- **Last date of early bird registration : 30th April 2025**
- **Registrations last date: 15th January 2026**
- **Spot registration dates : 16th January to 20th January 2026 (After that only spot registration at the venue during conference)**
- **Last date for submission of abstract and award papers: 15th September 2025**
- The organizing committee is not responsible for payments made in any form without registration form and details of payment. Organizing committee will not entertain requests to refund the same.
- Delegate must bring the confirmation letter with registration number during the conference for registration.
- Delegate kit would be handed over only to the registered delegate with photo id.
For spot registrations: payment will be accepted only by mode of Cash, Debit/Credit Card. Cheques will not be accepted.
- Delegate kit will not be given for spot registration delegates.
- Organizer will not be responsible for loss or theft of personal belongings and damages.
- Ambulance service will be available at the venue. However, we request you to kindly give utmost attention to your health and medications.

Cancellation and Refund Policy

- **Till 30th November 2025, 50% of registration excluding full GST will be refunded.**
- **From 1st Dec to 15th Jan 2026, 25% of registration excluding full GST will be refunded.**
- **No refund after 15th Jan 2026.**

Refund will be solely at the discretion of the organiser and if refund is applicable the same will processed only after the conference.

Conference Secretariat- **DERMACON 2026**

Website: www.dermacon2026bengaluru.com

UTPALA INNOVATIONS PVT LTD