



Registration Form

Title: Dr. / Prof. / Mr. / Mrs. / Ms.

Name:

Date of Birth: Gender:

Organization:

Designation:

Speciality:

Address:

City: State: PIN:

Mobile: Email:

Associate Delegate: 1.

2.

REGISTRATION FEE ([√] your appropriate category)

Category	Upto 28 th Feb 2019	After 28 th Feb 2019
Delegate	<input type="checkbox"/> 1500	<input type="checkbox"/> 2000
Associate Delegate	<input type="checkbox"/> 1000	<input type="checkbox"/> 1300
Student	<input type="checkbox"/> 1000	<input type="checkbox"/> 1300
Trade Delegate	<input type="checkbox"/> 2500	<input type="checkbox"/> 2500

Note:

- All Registrations after 28 February 2019 will be considered as spot registration.
- Registration is mandatory for all participants.
- PG Students have to submit a certificate from their head of department / institute.
- Separate registration (limited) is needed for workshops.
- The registration fee includes entry to all scientific sessions, conference meals and delegate kit bag. Spot registrations are not guaranteed of conference kit.
- The category of Associate Delegate includes only spouse, children & other dependent family members, if any. Associate delegate shall not attend / visit scientific sessions and exhibits.
- Employees of non-participating Pharma / Diagnostics Companies / Market survey companies / Hospital groups are not permitted to register / entry conference venue.
- Event / conference organizers / advertising agencies / vendors are not permitted to register / enter conference venue during conference period.
- Cancellation Policy: Registrations cancelled 2 weeks before the conference will be eligible for 75% refund of fees excluding service tax. After this date, no requests for refund will be accepted. Refund will be processed after the two weeks of conference date.

BANK TRANSFER DETAILS

Account Name: **SAPTRISHI HOSPITAL**Account Number: **052104000233361**Bank: **IDBI Bank**IFSC Code: **IBKL0000052**Branch: **Shukla Bhavan, Jabalpur, Madhya Pradesh**

Cheque/DD should be in favour of "SAPTRISHI HOSPITAL" payable at Jabalpur.

Cheque/DD number: Dated: Bank & Branch:

NEFT Transfer Details:

Organizing Secretary

Dr. Preeti Jain

Surgical Oncologist

MS, DNB(Surgical Oncology), FMAS

M. : +91 99342 26079 | E. : preetijain30@gmail.com



Conference Secretariat :

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Mr. Rajesh Sharma : +91 9374 073 512

Mr. Narayan Sharma : +91 9377 72 4324