

Present

DATE: 24th & 25th March 2018
VENUE: The Lalit, Mumbai

REGISTRATION FORM

Dr.

First Name

Middle Name

Last Name

Sex ☐ M ☐ F

Designation

Institution / Hospital

Address for correspondence

City

State

Pin code

Country

STD Code

Phone (Clinic / Hospital)

Fax

Mobile

Email

Medical Council No.

Diet

☐ Vegetarian

☐ Non vegetarian

REGISTRATION FEE

Rs. 8,000/- for PCOS & ISAR Members.

Rs. 10,000/- for Non Members.

HOTEL ROOM CHARGES (Inclusive of Room, BF + Tax)

Rs. 9,000/- for Single Room per Delegate

Rs. 5,500/- for Twin Sharing Room per Delegate

PAYMENT DETAILS

The cheque should be drawn in favour of "The PCOS Society"

DD / Cheque No.

For Rs.

Drawn on

Membership Fee by Cheque to be mailed to:

The PCOS Society, C/O Gynaecworld, Kwaliti House, 1st Floor, August Kranti Marg, Kemps Corner, Mumbai 400 036.

Phone. 022 23802584, 022 23803965 Email. thepcossociety@gmail.com

BANK TRANSFER

Account No.

001310110002866

Bank name and address

Bank of India, Cumballa Hill Branch, Kemps Shopee, 1st Floor,
141 August Kranti Marg, Near Hotel Shalimar Mumbai, Mumbai 400036

RTGS/IFCS Code

BKID0000013

Scanned copy of Bank Transfer should be sent to **thepcossociety@gmail.com**

CONFERENCE SECRETARIAT : FTC Events, 1006, Embassy Centre, Nariman Point, Mumbai 400 021. Tel. +91 2202 9998/58

Date

Signature of applicant