

REGISTRATION FORM

MASTERCLASS INFERTILITY III



9th - 10th December 2017 | Hotel Centre Point, Nagpur, Maharashtra

Dr. _____

First Name

Middle Name

Last Name

Age : _____ Sex : M / F Mobile : _____

Institution / Hospital : _____

City : _____ State : _____

E-mail : _____

MMC Reg. No. / State Council No. / MCI No. : _____

Doctor's Signature

REGISTRATION CHARGES

Category		upto October 15th 2017	upto November 15th 2017	after November 15th 2017
FOGSI Member	Workshop	Rs. 3000/- (+ 18% GST)	Rs. 3500/- (+ 18% GST)	Rs. 4000/- (+ 18% GST)
	Conference	Rs. 2000/- (+ 18% GST)	Rs. 2500/- (+ 18% GST)	Rs. 3000/- (+ 18% GST)
Non Member	Workshop	Rs. 3500/- (+ 18% GST)	Rs. 4000/- (+ 18% GST)	Rs. 4500/- (+ 18% GST)
	Conference	Rs. 2500/- (+ 18% GST)	Rs. 3000/- (+ 18% GST)	Rs. 3500/- (+ 18% GST)
Accompanying Person	Workshop	Rs. 3000/- (+ 18% GST)	Rs. 3500/- (+ 18% GST)	Rs. 4000/- (+ 18% GST)
	Conference	Rs. 2000/- (+ 18% GST)	Rs. 2500/- (+ 18% GST)	Rs. 3000/- (+ 18% GST)
PG Student	Workshop	Rs. 2500/- (+ 18% GST)	Rs. 3000/- (+ 18% GST)	Rs. 3500/- (+ 18% GST)
	Conference	Rs. 1500/- (+ 18% GST)	Rs. 2000/- (+ 18% GST)	Rs. 2500/- (+ 18% GST)

PAYMENT ENCLOSED : I am enclosing hearwith Cash/Demand Draft No. _____ Dated _____ for Rs. _____

(In words) _____ (only) Drawn on Bank _____

in favour of "MASTERCLASS INFERTILITY" payable at Nagpur.

Write your name & contact details on the back side of DD apart from filling the registration form.

- Please note that it is essential to have a functional E-mail ID and Mobile No. as all communication regarding your registration shall be done by E-mail & SMS only.

DD to be drawn in favour of
MASTERCLASS INFERTILITY payable at Nagpur.

Name of bank : Axis Bank (Civil Lines Branch)

A/c No. : 917020064703526 ■ IFS Code : UTIB0000048

Conference Secretariat

DR. LAXMI SHRIKHANDE

Organising Chairperson

Shrikhande Hospital & Research Centre Pvt. Ltd.

34/2 Abhyankar Road, Dhantoli

NAGPUR-440 012 Maharashtra, INDIA

E-mail : shrikhandemasterclass@gmail.com

shrikhandedrlaxmi@gmail.com

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