

REGISTRATION FORM

MASTERCLASS INFERTILITY IV



11th - 12th January 2020 | 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 November 15th 2019	upto December 15th 2019	after December 15th 2019
FOGSI Member	Workshop	Rs. 3000/-	Rs. 3500/-	Rs. 4000/-
	Conference	Rs. 2000/-	Rs. 2500/-	Rs. 3000/-
Non Member	Workshop	Rs. 3500/-	Rs. 4000/-	Rs. 4500/-
	Conference	Rs. 2500/-	Rs. 3000/-	Rs. 3500/-
Accompanying Person	Workshop	Rs. 3000/-	Rs. 3500/-	Rs. 4000/-
	Conference	Rs. 2000/-	Rs. 2500/-	Rs. 3000/-
PG Student	Workshop	Rs. 2500/-	Rs. 3000/-	Rs. 3500/-
	Conference	Rs. 1500/-	Rs. 2000/-	Rs. 2500/-

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

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

in favour of **"FEMICARE FOUNDATION"** payable at **Nagpur**.

Write your name & contact details on the back side of Cheque / 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.

Cheque / DD to be drawn in favour of
FEMICARE FOUNDATION payable at **Nagpur**.
 Name of bank : Bank of Maharashtra (South Ambazari Road)
 A/c No. : 60112112429 ■ IFS Code : MAHB0000153

Conference Secretariat

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