

REGISTRATION DETAILS

REGISTRATION FORM

CATEGORY	EARLY BIRD TILL 31ST JULY, 2018		SPOT REGISTRATION	
	WORKSHOP	CONFERENCE	WORKSHOP	CONFERENCE
<input type="checkbox"/> ISAR MEMBER	<input type="checkbox"/> INR 1,000	<input type="checkbox"/> INR 1,500	<input type="checkbox"/> INR 1,500	<input type="checkbox"/> INR 2,000
<input type="checkbox"/> NON ISAR MEMBER	<input type="checkbox"/> INR 1,500	<input type="checkbox"/> INR 2,000	<input type="checkbox"/> INR 2,000	<input type="checkbox"/> INR 3,000
<input type="checkbox"/> POST GRADUATE	<input type="checkbox"/> INR 500	<input type="checkbox"/> INR 1,000	<input type="checkbox"/> INR 1,000	<input type="checkbox"/> INR 1,500
<input type="checkbox"/> ACCOMPANYING PERSON	---	<input type="checkbox"/> INR 1,000	---	<input type="checkbox"/> INR 1,500

Registration fee includes 18% GTS

DELEGATE DETAILS

ISAR Membership No.: _____

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

Gender: Male ☐ Female ☐

Name: _____

Institute / Hospital Name: _____

Postal Address _____

City: _____ State: _____ Country: _____ PIN:

Phone (STD/ISD) Code: _____ (O): _____ (R): _____

E-mail: _____ Mobile

ACCOMPANYING PERSONS DETAILS

No.	Title	Full Name	Relationship	Age	Gender
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

FOCUSED SESSIONS (Select any One)

☐ Embryology and Clinical ART ☐ Fertility Enhancing laparoscopy & Hysteroscopy ☐ Ultrasound in Infertility

REGISTRATION GUIDELINES

- Registration fees include admission to the scientific hall, trade Exhibition, Inaugural Function, Lunches & Banquet Dinner on 1st Sept.
- Photocopy of ID Proof (Driving License/Passport/Election Card/Aadhar Card) of the delegates is a must; please send it along with registration form.
- Provide all the necessary details as required in the form & Provide us your updated email id; it will be used for the registration receipt & for the conference communication only.
- Please preserve photocopy of all submissions for your record.
- Organizing Committee shall not be liable in any form in case of changes in date / venue due to unforeseen reasons.
- Conference Organizers are not responsible for postal delays / failure of delivery by post or failure of electronic communication.
- Accompany person with age more than 18 years has to send ID proof to Conference Secretariat along with Registration Form.
- Children below 5 years need not have to register as accompany person

REG. CANCELLATION AND REFUND POLICY

- All Cancellation should be made in writing and sent to ISAR Regional Conference, Varanasi
- All Cancellation received on or Before 31st July 2018 will be send it along with registration form, entitled for 50% refund of the registration amount paid
- No refund for cancellation made after 31st July 2018
- The refund process will begin only after 30 days of the Conference

Kindly send DD or Cheque In favour Of
' ISAR UP 2018 ' Payable at VARANASI
at conference Secretariat Address
(Please mention your name, city and mobile number over the back of cheque or DD)

PAYMENT DETAILS

Payment Type: By Cheque / DD: ☐ By Cash: ☐ Amount: _____

Amount in Words: _____

Cheque / DD No.: _____ Cheque / DD Date: _____

Bank Name: _____ Branch: _____