



**Registration Form**  
**XV<sup>th</sup> Annual Conference On**  
**Evidence Based Management of Cancers In India**

Name (Certificate/Badge): \_\_\_\_\_

Institute: \_\_\_\_\_

Department: \_\_\_\_\_

Medical Council Registration Number: \_\_\_\_\_

Address for Correspondence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pin Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Tel No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

| <b>Registration fee-</b>                                     | <b>3 Days</b> | <b>1 Day</b> |
|--|---------------|--------------|
| Early bird (upto 31 <sup>st</sup> January 2017)              | Rs. 4000/-    | Rs. 1500/-   |
| From 1 <sup>st</sup> Feb to 17 <sup>th</sup> Feb 2017        | Rs. 550       | Rs. 2000/-   |
| Spot Registration  | Rs. 7000/-    | Rs. 2500/-   |
| * Junior Residents & ** Trainees (upto 21 <sup>st</sup> Feb) | Rs. 2000/-    | Rs. 1000/-   |
| Junior Residents & Trainees (Spot Regn)                      | Rs. 2500/-    | Rs. 1250/-   |

\*with letter of support from Institute of Head of Department

\*\* Post MD, PDCC in Training