

REGISTRATION FORM

9th & 10th July 2016

Hotel Le Meridien, Coimbatore

Registration No.					Receipt No	o.	
PERSONAL DETAILS	(Please fill in CAPITAL LETTERS only)						
Title Dr Prof	Mr	Mrs	Ms Ms				
Full Name:					Gender:	Male (Female
Address :							
			City:		Pin Code :		
Institution/ Company:							
Phone:	_ Mobile:			_ Email: _			
Category		Upto 3	1 st May 2016	After	1 st June 2016	Spot Re	egistration
Delegate			₹4000		₹5000		₹8000
Spouse / Assoc Delegate / ESI Me	mber		₹3000		₹4000		₹6000
International Delegate			\$150		\$200		\$400
Post Graduate			₹2500		₹3000		₹4000
PAYMENT DETAILS							
DD/Cheque No :		Date	e:		_ Amount Rs: _		
Amount in words :							
Bank & Branch Name :							

N.B.:

- 1. Post Graduate should furnish a proof of his/her status from the head of department /Institution.
- 2. Payments may be made in Cash/DD/Cheque payable at Chennai in favour of "The Endocrine Society"