

REGISTRATION FORM



3rd - 5th February 2017, HICC (Hyderabad International Convention Centre), Hyderabad
Surg. Onc. Workshop : 2nd Feb' 2017, Apollo Cancer Institutes, Hyderabad
Radiotherapy Workshop : 2nd Feb' 2017, HICC, Hyderabad

(PLEASE FILL IN CAPITAL LETTERS AS TO APPEAR IN THE CERTIFICATE)

Name :
Designation : Institute :
Address :
City : State : Pin Code :
Phones : Off : Res :
Mobile : Email :

• POSTER Presentation YES NO

REGISTRATION DETAILS

Rad. Onc. Med. Onc. Surg. Onc.
 Others
 Post Graduate / Intern
 Industry Delegate

PAYMENT DETAILS

Cheque / DD No. :
Date :
Drawn on Bank :
Total Amount :

Fee Details:

- Delegate (Oncology) : Rs. 3,000/- (Until 31st December 2016)
- Allied Specialities : Rs. 2,000/- (Until 31st December 2016)
- Industry Delegate: Rs. 7,000/- (Until 31st December 2016)
- Bona fide Post Graduate / Interns: Rs. 2,000/- (Until 31st December 2016)
- International Delegate USD 500

* After 1st January 2017 - Rs. 1,000/- additional charge

Payment to be made through Cheque or DD in favor of "APOLLO CANCER CONCLAVE & CANCER CI - 2017"
payable at Hyderabad

In case of Bank Transfer, please send your transfer details along with the Registration form

Bank Transfer Details of "APOLLO CANCER CONCLAVE & CANCER CI - 2017", Hyderabad			
Name of the Bank / Branch	Account No.	RTGS/NEFT IFS Code	MICR Code
Andhra Bank Apollo Hospital Branch	107511100001495	ANDB0001075	500011062

* Acknowledgement will be sent through SMS / Email

Signature

Duly filled-in form may be sent through Register Post / Courier along with the DD/Cheque

Conference Secretariat

Dr. P. Vijay Anand Reddy, Chairman, Org. Committee, ACC & CANCER CI - 2017

DIRECTOR, Apollo Cancer Institutes, Apollo Hospitals, Jubilee Hills, Hyderabad, T.G., INDIA 500 096

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Website: www.cancerci.org

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Receipt No. Reg. No. Date