

## CONFERENCE REGISTRATION FORM

Dr. \_\_\_\_\_

First Name	Middle Name	Last Name
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Designation _____	
Institution / Hospital _____		
Address for correspondence _____		
City _____	State _____	
Pin code _____	Country _____	
STD Code _____	Phone (Clinic / Hospital) _____	
Fax _____	Mobile _____	
Email _____		
Medical Council No. _____		
Diet <input type="checkbox"/> Vegetarian <input type="checkbox"/> Non vegetarian		

### Non-Residential Package for ADAM Symposium

- 2 Lunches : 10<sup>th</sup>, 11<sup>th</sup> February 2018
- 1 Dinner : 10<sup>th</sup> February 2018
- Workshop Course Material

### PAYMENT DETAILS

Cheque or DD in favor of "**Indian Society for Assisted Reproduction**"

Cheque/DD No ..... drawn on.....

Amount: **Rs. 8000/- Including all taxes**

Bank Transfer

Bank Name: **Canara Bank**

Name of Account: **ISAR**

Saving Bank Account No.: **0103101075284**

Branch Address: **81 Milagres House, Hill Road, Bandra West, Mumbai 400 050.**

IFSC Code: **CNRB0000103**

Scanned copy of Bank Transfer should be sent to: [isar.office@gmail.com](mailto:isar.office@gmail.com)

For any enquiries please contact

ISAR Office – Ms. Jyoti : +022 26406070

Dr. Duru Shah's office – Dr. Meeta / Ms Rochelle: +022 23802584 Ext. 206 / 208

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