



REGISTRATION FORM

Write clearly in CAPITAL LETTERS please

www.oncology2018.in

Name & designation: Age: Sex:

Institution: Address:

Nationality:

Landline/ Mobile: City: State:

E-mail: Pin code:

Please Tick Courses you are interested to participate:

Clinical Cancer Research /Radiobiology/Econtouring/
Immunotherapy

Registration fee paid:

Food Preference

Cheque/DD No: Date;.....

Veg

Non Veg

*Amount has to paid in cash / DD /Cheque favouring
Cancer control & Research Society at Kottayam
South Indian Bank A/c. No. 0930073000000064
IFSC Code : SIBL000930

Spouse Registration (*if applicable)

Name of Spouse:

Date of Registration:

Registration Fee		Registration Fee	
<u>Early birds</u>		<u>After</u>	
<u>up to 15-08-2018</u>		<u>15-08-2018</u>	
Delegates	Rs. 3000/-	Delegates	Rs. 4000/-
PG's	Rs.2000/-	PG's	Rs. 2500/-
Spouse	Rs. 2000/-	Spouse	Rs. 2500/-
Nurses/ Technologists	Rs. 1500/-	Nurses/ Technologists	Rs. 1750/-

Those who are desirous of attending courses on Cancer research and Bio-statics, Immunotherapy and Radio-biology should give their names in advance as only limited seats are available.

Note: No additional fees required for any of the courses.

Kindly inform us the date of your arrival and departure (Flight/Train etc) in advance.

(Please fill in the fellowship application in the prescribed format which is attached separately.)