



PHOCON'17



24th - 26th November 2017 | Kolkata

Dr. Mr. Ms. Mrs. Prof.

REGISTRATION FORM

Full Name _____

Gender: _____ Age: _____ Meal Preference: Veg. Non Veg.

Institution/Company _____

Address _____

City _____ Pincode _____ State _____ Country _____

Work Phone _____ Mobile _____ Fax _____

Email _____

Membership No. (if any) _____

Registration Details

Inclusive of Surgical Conference (24th, 25th & 26th November, 2017)

Category	Early Bird - 1 st Feb. - 31 st Aug. 2017	1 st Sept. - 31 st Oct. 2017	1 st Nov. 2017 Onwards & Onspot
Faculty/Delegates	<input type="checkbox"/> Rs. 3000	<input type="checkbox"/> Rs. 4000	<input type="checkbox"/> Rs. 5000
Students	<input type="checkbox"/> Rs. 1000	<input type="checkbox"/> Rs. 1000	<input type="checkbox"/> Rs. 2000
Pediatrician Day Registration	<input type="checkbox"/> Rs. 1000	<input type="checkbox"/> Rs. 1000	<input type="checkbox"/> Rs. 1500

Only Surgical Conference (24th & 25th November, 2017)

Category	Early Bird - 1 st Feb. - 31 st Aug. 2017	1 st Sept. - 31 st Oct. 2017	1 st Nov. 2017 Onwards & Onspot
Faculty/Delegates	<input type="checkbox"/> Rs. 1500	<input type="checkbox"/> Rs. 2000	<input type="checkbox"/> Rs. 2500
Students	<input type="checkbox"/> Rs. 500	<input type="checkbox"/> Rs. 500	<input type="checkbox"/> Rs. 1000

**PG students should submit ID card or certificates from Head of the Department / Institution*

Workshop Details

Workshop Topics	Rates
Cancer in Adolescents Workshop	Rs. 500
Neuro – Oncology Workshop	Rs. 500

Note: Delegate Fees includes Conference Registration, Lunch, Tea/Coffee, Dinner, Conference Kit, Entry to Scientific Sessions, Exhibition Area, Inaugural Function & Cultural Programme. Accompanying Person entry is restricted to Lunch Area/ Exhibition Area & Cultural Programme only

Accompanying Person will not get any access to the Scientific Sessions & will not be given the conference kits.

Payment Options

1. Offline Payment: Demand Draft/Cheque

Please find enclosed here with DD/Cheque no. _____ dated _____ drawn on (Bank's Name)

_____ in favour of **TATA MEDICAL CENTRE TRUST** Payable at

Kolkata and send along with registration form to Conference Secretariat.

Conference Secretariat : Ms. Aratrika Dasgupta

BB-31, Ground Floor, Salt Lake City, Sector-I, Opp. Punjab National Bank, Kolkata-700064

2. Online Payment: Bank Transfer:

Nostro Account Details of HDFC Bank

Account Name : TATA MEDICAL CENTRE TRUST
 Account No. : 00601660000021
 Bank Name : HDFC BANK LIMITED
 Branch : FORT MUMBAI
 IFSC Code : HDFC0000060
 MICR Code : 400240015

For USD:

Account No. : 001-1-406717
 SWIFT Code : CHASUS33

For EURO:

Account No. : 623-16-02308
 SWIFT Code : CHASDEFX

Note:

- Payment via credit/debit card can be done via online.
- Kindly visit the link : <http://www.phocon2017.com/#Register> and click on register online.

Date _____

Signature _____

Cancellation Policy

- Requests for registration cancellation must be received in writing by the Congress Secretariat by e-mail to secretariat@phocon2017.com
- Cancellations received before or on August 31, 2017 – 50% of the total will be refunded.
- There will be no refunds for the cancellations received on or after 31 August 2017.

Organizing Secretary

Dr. Arpita Bhattacharya

Senior Consultant

Department of Paediatric Oncology

Tata Medical Center

E: arpita.bhattacharyya@tmckolkata.com

Limited seats for pre-registration of lunch sessions.
 Drop in your request at aratrika@cimglobal.net for attendance.
 Registration on first come-first serve basis.

Conference Manager

CIMGLOBAL

Meeting your meeting needs

Contact for Registration Queries:

Mr. Ravi Lal

M: +91 875 001 2251 E: secretariat@phocon2017.com