

## REGISTRATION FORM

# Hematology Update 2016

24<sup>th</sup> – 25<sup>th</sup> December 2016  
HYATT REGENCY AHMEDABAD

Doctor Name : .....  
In "CAPITAL" As needed on Certificate and Badge  
Designation : .....  
Postal Address : .....  
City / Town : ..... State : .....  
Telephone Number : ..... Mobile : .....  
Email ID : .....

### REGISTRATION FEE

|              | Till 30 <sup>th</sup> Sep. '16 | 1 <sup>st</sup> Oct '16 to 23 <sup>rd</sup> Dec '16 | Spot Registration |
|--------------|--------------------------------|---|-------------------|
| PG Students* | ₹ 500/-                        | ₹ 1000/-  | ₹ 1500/-          |
| Consultant   | ₹ 1000/-                       | ₹ 1500/-  | ₹ 2000/-          |

(For Spot Registration Kit is not Guaranteed)

\*PG Students are requested to attach certificate/ letter duly signed by Head of the Institution/Department/Supervisor on the Institute letter head.

I am enclosing a Demand Draft / Cheque No:..... Bank .....  
dated: .....for ₹..... drawn in favour of 'Hematology Update' payable at  
Ahmedabad towards registration fee.

**Accommodation Required**  Yes  No ( Free Twin Sharing accommodation will be provided for outstation delegates  
for one night (Saturday) only) (First come First Serve Basis)

**Signature :** \_\_\_\_\_

#### Note:

1. Please send the filled form along with Cheque /DD, to the Correspondence Address
2. Registration confirmation will be sent by SMS only after receiving the duly filled Registration form along with the registration fees and realization of cheque/D.D

#### Correspondence Address :

Hemato-Oncology Clinic Ahmedabad Pvt Ltd  
1st Floor, Vedanta Institute of Medical Science, Nr Samved Hospital, Navrangpura, Ahmedabad 380009

For Accommodation, Please Contact

**Mr. Vikram Dodia**  
(Event Manager)  
(M) 99982 42860

For any Query, Please Contact

**Mr. Jomon Johney**  
(Event Manager)  
(M) 98983 37948