



Venue : Hotel The Claridges, Surajkund, Faridabad

Registration Form

Name (Dr./Prof.) _____

(Please write your name in Capital letters clearly, as to be printed on Certificate & Badge)

IMS Member Yes No

Institution/Organisation _____

Address _____

City _____ Pin _____ State _____ Country _____

STD Code _____ Phone _____

Mobile _____ Email (Mandatory) _____

Accompanying Persons : Name(s) & Age

Workshop (choose any one) : Operative – Live Workshop Lifestyle Management

Category	Early Bird upto 31 Dec., 2011	Regular upto 31 January, 2012	31 January, 2012 onwards & Spot
IMS Member	Rs. 2000	Rs. 2500	Rs. 3500
Non IMS Member	Rs. 2500	Rs. 3000	Rs. 4000
PG Student	Rs. 1000	Rs. 1500	Rs. 2500
Accompanying Person	Rs. 2000	Rs. 2000	Rs. 3000
Trade Delegate	Rs. 3500	Rs. 5000	Rs. 7500
Workshop (17 Feb, 2012) (Choose any one)	Rs. 500	Rs. 1000	Rs. 2000

Payment Details

Registration _____

Workshop _____

Accompanying Person _____

Total _____

DD/Chq (at par) No. _____ Dated _____

Drawn on _____ for Rs. _____

Please send registration form with payment in favour of **IMS**CON-2012 payable at **Faridabad** to

Secretariat : **Dr Maninder Ahuja**
 Ahuja Hospital & Infertility Centre,
 526, Sector 17, **Faridabad** - 121002, (Haryana)
 Mob. : 9810881048
 Email : imskon2012@gmail.com,
 ahuja.maninder@gmail.com

Signature _____