



AICOG 2017 REGISTRATION FORM

60th All India Congress of Obstetrics & Gynaecology

Conference Secretariat: Ahmedabad Obstetrics & Gynaecological Society (AOGS)
2nd Floor, Ahmedabad Medical Association Building, Ashram Road, Ahmedabad - 390009
Tel: 079 26586426 • **Email:** secretary@aicog2017.com



25 26 27 28 29 January 2017

Hosted by:
Ahmedabad Obstetrics & Gynaecological Society
Conference Venue:
Gujarat University Convention & Exhibition Centre, Ahmedabad

REGISTRATION FORM

REGISTRATION FEE DETAIL

No.	Category	Regular Registration Fee 06/05/2016 to 30/10/2016	Spot Registration Fee 30/10/2016 onwards
01	Workshop	₹ 5,750	₹ 6,000
02	CME	₹ 3,220	₹ 4,000
Conference Fee			
03	FOGSI Member	₹ 10,120	₹ 12,000
04	NON - FOGSI Member	₹ 11,500	₹ 14,000
05	Post Graduates	₹ 6,326	₹ 7,000
06	Accompanying Person	₹ 8,626	₹ 10,000
07	Banquet	₹ 3,163	₹ 4,000
08	Foreign Delegate	\$ 352	

MCI No:

Are you a member of FOGSI:

YES NO

If Yes, Provide your

FOGSI MEMBERSHIP NO.:

Registration Fees includes 15% Service Tax

DELEGATE DETAIL

Title: Prof. Dr. Mr. Ms. Mrs. **Gender:** Male Female **Food Preference:** Veg Non Veg

Name :

Institute / Hospital Name :

Postal Address :

City : **State :** **Country :** **PIN :**

Phone (SDT/ISD) Code: **(O) :** **(R) :**

E-Mail : **Mobile :**

ACCOMPANYING PERSONS DETAIL

No.	Title	Full name	Relationship	Age	Gender
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

for online registration visit

www.aicog2017.com



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WORKSHOP DETAILS (Select any One)

- Operative obstetrics and PPH **(CLOSED)**
- Dr. Shrish S Sheth FOGSI's Vaginal Surgeries and Uro-gynaec **(CLOSED)**
- Need & Scope of Hysteroscopy and Colposcopy in Modern Era **(CLOSED)**
- Operative Laparoscopy **(CLOSED)**
- Vaginal Rejuvenation and Reconstruction
- Medico-Legal issues in Ob-Gyn practice
- ABC of Critical care units...Obst HDU/ICU
- Colour Doppler and Foetal Echocardiography
- Genetics and Foetal Medicine
- Optimizing results of ART
- Adolescent problems & clinics
- Adding Life to Midlife...

REGISTRATION GUIDELINES

- Congress Registration is mandatory for Workshop, CME, Banquet and all official proceedings.
- Registration fees will be based on the date of receipt of payment.
- Photocopy of ID Proof (Driving License/Passport/Election Card/Aadhar Card) of the delegates is a must; please send it along with registration form.
- FOGSIans above the age of 75 years are exempted from registration fees. Age proof must be submitted for any such registration along with the duly filled registration form.
- Provide all the necessary details as required in the form; it will be used for the conference communication only.
- Please preserve photocopy of all submissions for your record.
- PG students have to submit the confirmation certificate duly signed by HOD(Compulsory).
- Registration fees include admission to the scientific hall, trade Exhibition, Inaugural Function, Lunches.
- Provide us your updated email id ; it will be used for the registration receipt and other conference communication.
- Organizing Committee shall not be liable in case of changes in date / venue due to unforeseen reasons.
- Conference Organizers are not responsible for postal delays / failure of delivery by post or failure of electronic communication.
- Please produce the confirmation letter at the Registration counter during the conference.
- Accompany Person with Age more than 18 years has to send ID proof to Congress Secretariat along with Registration Form.
- Children below 5 years need not have to register as accompany person

CANCELLATION AND REFUND POLICY FOR REGISTRATION

- All Cancellation should be made in writing and sent to AICOG 2017 Secretariat
- All Cancellation received on or Before 31st Oct 2016 will be entitled for 50% refund of the registration amount paid
- No refund for cancellation made after 31st Oct 2016
- The refund process will begin only after 30 days of the conference

Kindly send DD or Cheque in favour of 'AICOG 2017' payable at Ahmedabad at below mentioned address.
(Please write your name, city and mobile number behind the cheque or DD)

PAYMENT DETAILS

By Cheque:

Cheque/Demand Draft No:

Amount:

Cheque Date:

Bank:

Branch:

Amount in Words:

Date of Submission:

By Cash:

Payment Date:

Amount:

Comment:

Amount in Words:

Signature:

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