



FOGSI EAST ZONE VP CONFERENCE

Date - 29th November to 1st December 2024

Registration Form

Title _____ Name: _____
Nationality: _____ FOGSI Membership Number: _____
Institution: _____
Address: _____
City: _____ Pin: _____ State: _____
Mobile Number: _____ Email _____
Name of accompanying Person: _____
Name of Workshop opted for _____

Category	Early bird upto October 31st 2024	Late (Upto 15th November 2024)	
	Conference only & Workshop		Spot
Member	₹ 5000	₹ 5500	₹ 6000

Bank Transfer Details

Account Name : VPCON 2024
Name of Bank : STATE BANK OF INDIA, BRANCH - SCB MEDICAL CAMPUS, MANGALABAG, CUTTACK
Account No : 43258167671, IFSC Code - SBIN0005760, MICR No- 753002018

You can pay by Cheque / DD in favour of: VPCON 2024

CONFERENCE" payable at Cuttack

Cheque / DD No. _____ Dated: _____ Amount: _____ Bank: _____

NEFT / RTGS payment may also be done with above details. NEFT payment slip to be sent by email.

Signature

Registration is mandatory for all participants (Faculty and delegates). The registration fee includes entry to all scientific sessions, conference meals. The category of associate delegate includes only spouse and children.

Cancellation policy: registration cancelled 2 weeks before the conference will be eligible for 75% refund of fees excluding service tax. Refund will be processed after 2 weeks of conference date

CONFERENCE SECRETARIATE

Association of Obstetricians & Gynaecologists of Orissa
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