

## REGISTRATION FORM

### Without Accommodation

Surname : ..... First Name : .....

Name of Institution: .....

Postal Address: .....

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City : ..... Pin code : .....

State : ..... Country : .....

Date of Birth : .....

Email (Please mention active email ID) : .....

Tel. (with area code): Residence : .....

Office : .....

(MANDATORY) Mobile : ..... Fax : .....

Accompanying Person Name: 1. ....

2. ....

### Registration Details

Category	Till 31 <sup>st</sup> Oct., 2018	1 <sup>st</sup> Nov. to 10 <sup>th</sup> Nov., 2018	11 <sup>th</sup> Nov., 2018 onwards
AMASI Member	<input type="checkbox"/> Rs. 11,000	<input type="checkbox"/> Rs. 12,000	<input type="checkbox"/> Rs. 13,000
Non AMASI Member	<input type="checkbox"/> Rs. 13,000	<input type="checkbox"/> Rs. 14,000	<input type="checkbox"/> Rs. 15,000
Post Graduate	<input type="checkbox"/> Rs. 7,000	<input type="checkbox"/> Rs. 8,000	<input type="checkbox"/> Rs. 9,000
Accompanying Person	<input type="checkbox"/> Rs. 11,000	<input type="checkbox"/> Rs. 12,000	<input type="checkbox"/> Rs. 13,000
Foreign Delegate	<input type="checkbox"/> US \$ 350	<input type="checkbox"/> US \$ 400	<input type="checkbox"/> US \$ 450
Gynecology	<input type="checkbox"/> Rs. 6,000	<input type="checkbox"/> Rs. 7,000	<input type="checkbox"/> Rs. 8,000
Urology	<input type="checkbox"/> Rs. 6,000	<input type="checkbox"/> Rs. 7,000	<input type="checkbox"/> Rs. 8,000
Post Graduate* Gynecology / Urology	<input type="checkbox"/> Rs. 5,000	<input type="checkbox"/> Rs. 5,000	<input type="checkbox"/> Rs. 6,000
Delegate SAARC Countries	Registration Fees is same as Indian Delegates		

\* Certificate from HOD Mandatory

Note: The above rates are inclusive of GST applicable.



**13<sup>th</sup> International Congress of  
Association of Minimal Access Surgeons of India**

**Date:** 15<sup>th</sup>- 17<sup>th</sup> November 2018 | **Venue:** SGPGI, Lucknow



**Skill Development Course**

✓	COURSE	FEE
<input type="checkbox"/>	Simulator Basic	Rs. 500/-
<input type="checkbox"/>	Simulator Advance	Rs. 1,000/-
<input type="checkbox"/>	Endoscopy Simulator	Rs. 500/-
<input type="checkbox"/>	Robotic Training	Rs. 2,000/-

**For Course Registration**

- Conference Registration is mandatory

Total Amount Payable : .....

**Payment Mode**

**Wire Transfer :**

Account Name : AMASICON 2018  
Bank : STATE BANK OF INDIA  
Account Number : 37240152547  
Branch : SGPGI, LUCKNOW  
IFSC Code : SBIN0007789  
MICR Code : 226002034  
Branch Code : 07789  
PAN Card No. : AAAAAA6705D

**Demand Draft :**

Draft / Cheque to be made in favour of "AMASICON 2018" Payable at LUCKNOW.

**Cancellation & Refund Policy:** All cancellations should be sent to the secretariat in written. Cancellations received upto 31.08.2018 will be entitled for only 30% refund of the amount paid. No refund for cancellation made after 31.08.2018. The refund process will begin only 30 days after the completion of the conference.

**For Online Registration & Details visit : [www.amasicon2018.com](http://www.amasicon2018.com)**

Date : .....

Signature : .....

**Conference Secretariat :  
AMASICON 2018**

Dept Surgical Gastroenterology, SGPGIMS, Lucknow-226014  
**Mob.:** +91 8004904752 **E-mail:** [amasicon2018@gmail.com](mailto:amasicon2018@gmail.com)