

FERTITECH 2017

INFERTILITY MANAGEMENT....
Past.. Present.... Future.....

2nd & 3rd September 2017
Hotel Hyatt, Pune

REGISTRATION FORM

PERSONAL DETAILS: Dr. Prof. Mrs. Mr.

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Country: _____ Pin: _____

Mobile: _____ E-Mail: _____

CATEGORY: FOGSI Member Non Member PG Student

FEE STRUCTURE

	Upto 15th AUGUST	Upto 31th AUGUST	On Spot
MEMBERS	2500/-	3500/-	5000/-
NON MEMBERS	3000/-	4000/-	5000/-
STUDENTS	1500/-	1500/-	2500/-

Bank Details : For Payment

Account Name : Western Maharashtra Chapter IFS
Account Number : 051410210000067
Name Of Bank : Bank Of India
Branch Name : Fergusson Road Branch
IFSC Code : BKID0000514

- **ADVANTAGE :**
Enroll for IFS membership & enjoy member's fee structure.
- **FOR IFS MEMBERSHIP DETAILS & FORM please visit :**
www.indianfertilitysociety.org

Workshop: _____ Conference: _____ Total amount paid: _____

PAYMENT MODE:

Cheque (at par) /DD No. Dated: Drawn on: of INR:
In favor of "

Date: _____ Signature: _____

CONFERENCE SECRETARIAT:

Dr Bharati Dhorepatil
Pune Fertility Centre,
1162/3 Crescent Exclusee,
Behind Shimla Office,
Shivajinagar, Pune 5.
Email : fertitech2017@gmail.com

MAHARASHTRA CHAPTER, IFS

in association with

PUNE OBSTETRICS & GYNECOLOGICAL SOCIETY

organizes

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REGISTRATION FORM

Name : _____

Institution : _____

MMC Reg. No. : _____

Acc. Person : _____

Address : _____

Email : _____ Cell : _____

Mode of Payment :

Payments in favor of Marathwada Society of Gastroenterology

Cheque / DD No. : _____ Dated : _____

Name of Bank : _____

Branch : _____

Amount is paid for : _____

Bank Details : For Payment

Account Name	:	Western Maharashtra Chapter IFS
Account Number	:	051410210000067
Name Of Bank	:	Bank Of India
Branch Name	:	Fergusson Road Branch
IFSC Code	:	BKID0000514

CONFERENCE SECRETARIAT

Dr Bharati Dhorepatil

Pune Fertility Centre, 1162/3 Crescent Exclusee, Behind Shimla Office,
Shivajinagar, Pune 5. Email : fertitech2017@gmail.com