

REGISTRATION FORM – RETNET INDIA MEET

(10th – 11th June 2017)

PERSONAL DATA

Title.....First Name.....Last Name.....

Affiliation.....

Medical Registration Council No.....

Address.....

.....Postal code.....

E-mail..... Mobile / Phone.....

Preference (Veg/Non-veg).....

Categories (Tick one option)

| Categories | Early Bird on or before 31/05/2017 | Late/Onsite 01/06/2017 |
|---|---------------------------------------|---------------------------|
| Registration only | ₹4500/- (Per Person) | ₹5000/- (Per Person) |
| (Registration includes 2 Lunch+1 Dinner+Next day Breakfast & Beverages) | | |

Payment Details

Electronic Fund Transfer

Beneficiary name: RETNET INDIA

Online Transfer - Transaction ID:..... Amount:.....

Signature..... Date...../...../.....