

ICE 2019



INTERNATIONAL CONGRESS ON ENDOMETRIOSIS
Theme: Fighting the Foes – Endometriosis and Fibroid

March 8-10, 2019

BM Birla Auditorium and Soni Hospital, Jaipur

Organised by: Endometriosis Society India

Supported by: Jaipur Obstetrics & Gynaecological Society



REGISTRATION FORM

Title: Prof. / Dr. / Mr. / Ms (Please tick)

Surname _____ Family Name _____

Affiliation _____

Address _____

City _____ Country _____ State _____ ZIP/Postal Code _____

Mobile _____ Email _____

10% Discount on the Registration Fee to Life Members of Endometriosis Society India
Workshop Fee Waived for Life Members of Endometriosis Society India
These Discounts are applicable ONLY for PERSONAL REGISTRATION

Registration fee includes- Main Congress, Registration Kit, Lunches and Welcome Dinner
PGTs to provide a Certificate from the HOD or Head of Institution confirming eligibility

Registration Fees Inclusive of GST (Tick as Appropriate)

Category	Early Bird (up to Feb 15, 2019)	Late (Feb 16 to Feb 28, 2019)	Onsite (March 1, 2019 onwards)
NATIONAL			
Delegates	<input type="checkbox"/> INR 8000	<input type="checkbox"/> INR 9000	<input type="checkbox"/> INR 10000
PGTs	<input type="checkbox"/> INR 4000	<input type="checkbox"/> INR 5000	<input type="checkbox"/> INR 6000
Accompanying Person	<input type="checkbox"/> INR 4000	<input type="checkbox"/> INR 5000	<input type="checkbox"/> INR 6000
Workshop	<input type="checkbox"/> INR 2000	<input type="checkbox"/> INR 3000	<input type="checkbox"/> INR 4000
Gala Dinner	<input type="checkbox"/> INR 3000	<input type="checkbox"/> INR 4000	<input type="checkbox"/> INR 5000
INTERNATIONAL			
Delegates	<input type="checkbox"/> USD 150	<input type="checkbox"/> USD 175	<input type="checkbox"/> USD 200
PGTs	<input type="checkbox"/> USD 75	<input type="checkbox"/> USD 100	<input type="checkbox"/> USD 125
Accompanying Person	<input type="checkbox"/> USD 75	<input type="checkbox"/> USD 100	<input type="checkbox"/> USD 125
Workshop	<input type="checkbox"/> USD 50	<input type="checkbox"/> USD 75	<input type="checkbox"/> USD 100
Gala Dinner	<input type="checkbox"/> USD 75	<input type="checkbox"/> USD 100	<input type="checkbox"/> USD 125

Comprehensive Package per Delegate:

Single Accommodation: INR 35,000

Includes: Registration + Workshop + Gala Dinner + 4 Star Accommodation for 3 Nights

Twin Sharing- INR 30,000

Includes: Registration + Workshop + Gala Dinner + 4 Star Accommodation for 3 Nights

Accompanying Person: INR 20,000

Includes: Registration+ Gala Dinner+ Accommodation for 3 Nights.

FOR ACCOMMODATION REQUEST WITHOUT COMPREHENSIVE PACKAGE, PLEASE CONTACT SECRETARIAT

Total Payment

	INR	USD
Registration for Conference		
Workshop		
Accompanying Person		
Gala Dinner		
Comprehensive Package		
TOTAL		

Payment Options

By Cash/Demand Draft/ MICR Cheque/NEFT/ Online Registration

Demand Draft/Cheque in favour of : "ENDOMETRIOSIS SOCIETY INDIA" payable at KOLKATA only. Filled up Registration form with fees should be sent to: Endometriosis Society India. 6A, Neelamber, 28B, Shakespeare Sarani, Kolkata-700017. Phone - 91 33 2287 4463 / 2865 0364. E-mail: endsocindia@gmail.com

OR

KW Conferences Pvt. Ltd. A-56/12, DLF Phase I, Gurgaon - 122002 India, Tel.: 91-124-4636708
Email: endometriosis-reg@kwconferences.com

Bank Transfer Details

Name of Bank: **UNITED BANK OF INDIA**
Account Holder: **Endometriosis Society India**
Account Number: **0673010072605**
IFS Code: **UTBI0SHSA07**
Bank Address: **Neelamber, 28B, Shakespeare Sarani, Kolkata – 700017**

Online by Credit/Debit card : Please visit Online Registration Portal at www.ICE2019.in

Cancellation & Refund Policy:

* Cancellation requests received in writing to the Congress Secretariat will be refunded 30 days after the Congress at the following rates. On or before January 15 2019: Refund after deducting 15% as cancellation fee. Jan 16 –Feb 28: Refund after deducting 50% as cancellation fee. We regret NO REFUND can be made for cancellation March 1 onwards.

I am enclosing Cheque/Demand Draft No. _____ dated _____

Amount (Word and Figure) _____

Bank & Branch _____

for Registration

Signature & Date: _____

For Accommodation

Please Contact our Event Manager: KW Conferences Pvt. Ltd. A-56/12, DLF Phase I, Gurgaon - 122002 India, Tel.: 91-124-4636708 mail: endometriosis-reg@kwconferences.com