

REGISTRATION FORM

(Please fill the form in capital letters)

Participants Details:

Name : _____ Surname : _____

Institution : _____

Department : _____

Specialization : _____ Main Field : _____

Address Of Correspondence : _____

City : _____ Zip Code : _____ Country : _____

Tel : _____ Fax : _____

Mobile : _____ Email ID : _____

Payment Details : Amount _____ DD / Check No : _____

Bank Name : _____

Conference Registration Fee

Registration upto 30 th Nov 2015	Delegates	Rs. 2000/-
	Students	Rs. 1000/-
Registration Upto 31 th Dec 2015	Delegates	Rs. 2500/-
	Students	Rs. 1500/-

Kindly make the Demand Drafts or Cheque in favor of "NAG Foundation" & Courier it along with the registration form to the below address of conference secretariat. Students are requested to submit necessary proof from HOD
 For more information on registration please visit www.wci.co.in/conference/yir/registration or write to yir.breastcancer@gmail.com

Conference Secretariat :



Nimesh Bafna,
 Green Room Media & Events Management Pvt. Ltd.
 Krishna Bldg No.2, Flat No.8, Gokhale Society Lane, Parel, Mumbai - 400012
 Mobile: +91 9821079650 Tel: +91 22 24146482/83, Email: yir.breastcancer@gmail.com