

Midlife Conclave 2019-IMS Zonal Conference

Organised by Hyderabad Menopause Society

Date: 17th & 18th August 2019

Venue: KIMS, Minister Road

Name (In Block Letters)

Title

First Name

Last Name

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Specialty

Institute

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Email ID (Mandatory)

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Mobile No: _____ Ph No.: _____ STD Code: _____

Address:

Registration:

Fees	Early Registration 30th June 2019	Pre-Registration 31 st July 2019	Spot Registration 17 th & 18 th August 2019
Practitioner	Rs. 2000	Rs. 2500	Rs. 3000
Post Graduate	Rs. 1000	Rs. 1200	Rs. 1500

*Post Graduates to enclose letter from HOD

Please register me as a _____, Practitioner / PG. I enclose here the fee vide
Cash/Cheque: _____ dated _____ for an amount of

Rs. _____ in favour of "**Indian Menopause Society, Hyderabad**". The

Abstract being submitted is titled:

Titled: _____

Signature

Registration Fee can be paid by direct deposit:

A/c Name : INDIAN MENOPAUSE SOCIETY HYD

Bank A/c No. : 34200170766

Bank : State Bank of India

Branch: Yellareddyguda, Hyderabad

For NEFT / RTGS Transfer:

IFSC Code: SBIN0003257

Registration form to be sent to

imshyd12@gmail.com

with payment transaction details

Dr. C. Ambuja

Organising Chairperson
Midlife Conclave

Dr. Tripura Sundari

Organizing Secretary
Midlife Conclave

Cocoon Management Consultants

H. No- 10-4-1/3, R. K. Nagar co op Hsg Soc
Bhnd Chacha Nehru Park, Masabtank,
500028, Hyderabad, Telangana

09989335361

imshyd12@gmail.com

For office use only: Amount received Rs. _____ Cash/Cheque/DD No. _____ dated
_____. Receipt No. _____ Registration No. _____.