



52nd Annual Conference of Urological Society of India

23 - 26 January 2019

SOA University Convention Center
Kalinga Nagar, Bhubaneswar, Odisha



REGISTRATION FORM

PERSONAL DETAILS:

Dr. Prof. Mr. Mrs.

Fill in capital letters

Name:* _____

Address:* _____

City:* _____ State:* _____ Pin Code:* _____

Mobile:* _____ E-mail:* _____

USI Membership Type: Lifetime Member Associate Member Non Member

USI Membership No.: _____ Membership Zone: East West North South

Accompanying Person: 1. _____ 2. _____

3. _____ 4. _____

* Mandatory fields

If you are a USI member, please select type of membership, zone & furnish your USI membership no.

REGISTRATION FEE: Please tick the appropriate box

Category	Regular Upto 31 st July	Extended Upto 30 th November	Spot 1 st Dec onwards
USI Member	<input type="checkbox"/> INR 12,000	<input type="checkbox"/> INR 14,000	<input type="checkbox"/> INR 20,000
Non Member	<input type="checkbox"/> INR 14,000	<input type="checkbox"/> INR 16,000	<input type="checkbox"/> INR 21,000
Accompanying Person	<input type="checkbox"/> INR 9,000	<input type="checkbox"/> INR 10,000	<input type="checkbox"/> INR 12,000
SAARC Delegates	<input type="checkbox"/> INR 14,000	<input type="checkbox"/> INR 15,000	<input type="checkbox"/> INR 21,000
Foreign Delegates	<input type="checkbox"/> USD 525	<input type="checkbox"/> USD 550	<input type="checkbox"/> USD 600
PG Students*	<input type="checkbox"/> INR 7,000	<input type="checkbox"/> INR 8,000	<input type="checkbox"/> INR 12,000
International PG Students	<input type="checkbox"/> USD 350	<input type="checkbox"/> USD 375	<input type="checkbox"/> USD 400
Corporate Delegate	<input type="checkbox"/> INR 15,000	<input type="checkbox"/> INR 16,000	<input type="checkbox"/> INR 22,000

* A letter from HOD is must for PG Student registration.

Delegate Fee: _____ Accompanying Person Fee: _____ Total INR: _____

PAYMENT MODE:

Cheque / DD No. _____ Dated: _____ Drawn on: _____

should be in favour of "USICON-2019".

For online registration, cancellation & modification policy, please visit: www.usicon2019.com

Date: _____

Signature: _____

CONFERENCE SECRETARIAT:

Prof. (Dr.) Datteswar Hota

Organizing Secretary

Department of Urology, II floor,

SCB Medical College & Hospital, Manglabagh, Cuttack, 753007

Mob.: +91 8598855668

Email: usicon2019@mci-group.com

For office use only:

Registration ID _____

Receipt No. _____