



aroicon2020@gmail.com | www.aroicon2020.in

## Registration Form

Title:  Dr.  Prof.  Mr.  Mrs.  Ms. Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Age: \_\_\_\_\_ Gender:  Male  Female Designation: \_\_\_\_\_

Organization/ Institution: \_\_\_\_\_

Speciality: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Pin: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile (mandatory): \_\_\_\_\_ E-mail (mandatory): \_\_\_\_\_

AROICON Membership No.: \_\_\_\_\_

### :Registration Fee:

Category	Early Bird Reg. Up to 31 <sup>st</sup> December 2019	Up to 31 <sup>st</sup> May 2020	Up to 31 <sup>st</sup> October 2020	Spot Registration 1 <sup>st</sup> November 2020 Onwards
AROICON Member	<input type="checkbox"/> 5000 INR	<input type="checkbox"/> 7000 INR	<input type="checkbox"/> 8000 INR	<input type="checkbox"/> 10000 INR
AROICON Non Member	<input type="checkbox"/> 6000 INR	<input type="checkbox"/> 8000 INR	<input type="checkbox"/> 9000 INR	<input type="checkbox"/> 11000 INR
Trainees	<input type="checkbox"/> 4000 INR	<input type="checkbox"/> 4500 INR	<input type="checkbox"/> 5000 INR	<input type="checkbox"/> 6000 INR
ICRO Workshop	<input type="checkbox"/> 1000 INR	<input type="checkbox"/> 1000 INR	<input type="checkbox"/> 1500 INR	<input type="checkbox"/> 2000 INR
Trade Delegates	<input type="checkbox"/> 10000 INR	<input type="checkbox"/> 15000 INR	<input type="checkbox"/> 18000 INR	<input type="checkbox"/> 20000 INR
Foreign Delegates	<input type="checkbox"/> 200 USD	<input type="checkbox"/> 250 USD	<input type="checkbox"/> 300 USD	<input type="checkbox"/> 325 USD

### Bank Details:

### :Payment Particulars:

Account Name: AROICON 2020 Name of Bank: HDFC BANK LTD Branch: MAYUR VIHAR PHASE-2

Account No.: 50200048647860 IFSC Code: 0000293 Pan: \_\_\_\_\_

Please find enclosed the Cheque/ Demand Draft in favor of AROICON 2020

Cheque/ DD No: \_\_\_\_\_ Dated: \_\_\_\_\_ Amount: \_\_\_\_\_ Bank: \_\_\_\_\_

### Notes:

- All Registrations from 1<sup>st</sup> November 2020 will be considered as spot registration.
- Registration is mandatory for all participants.
- The registration fee includes entry to all scientific sessions, conference meals delegate kit bag. Spot registrations are not guaranteed of conference kit.

### Cancellation Policy:

- Registrations canceled 4 weeks before the conference will be eligible for 75% refund of fees excluding service tax.
- After this date, no requests for refund will be accepted. Refund will be processed after the two weeks of conference date.

### Dr. Manish Pandey

Organizing Secretary  
Sr. Consultant, Radiation Oncology  
Action Cancer Hospital, Delhi

M: +91 99719 50234, +91 98681 67790  
E: manishpandey73@yahoo.co.in

Conference Managed by:



### Mr. Rajesh Sharma

A-1108 Siddhi Vinayak Tower, Makarba  
Off SG Highway, Ahmedabad-51  
Ph.: +91 79 2970 2599 | E: rajesh@miceideas.in

For any query about Registration, please contact:

**Mr. Narayan Sharma** M: +91 93777 24324 | E: narayan@miceideas.in