



16th

ANNUAL CONFERENCE OF UP CHAPTER OF ASSOCIATION OF PLASTIC SURGEONS OF INDIA.

UPAPSICON – 2008, ALIGARH

FEBRUARY 16th to 18th, 2008



REGISTRATION FORM

Name.....

(Please write your name in capital letters clearly, as it will be printed on your Certificate & Badge)

Member of UP Chapter

Yes

No

Mailing Address

City.....Pin Code.....State.....

Phone (Res.)..... Mobile No.....

Phone (Clinic/Hosp.) ID.....Fax.....

E-mail ID.....

Accompanying Persons : Name (s)

1.

2.

PG Student's Declaration

| | |
|---|--|
| I am at present a student of M.S./M.Ch. Name of the University / Institute City.....State..... | Signature of Head of Institute & Official Stamp |
|---|--|

Registration Fees

| | Up to 31 st December 2007 | After 31 st December 2007 onwards & Spot |
|-------------|--------------------------------------|---|
| Delegates | Rs. 500/- | Rs. 600/- |
| PG Students | Rs. 300/- | Rs. 400/- |

| | |
|------------------|--|
| Registration | |
| Accommodation | |
| Total Rs. | |

Note : Accompanying Persons – 500/- each, **On spot** Registration kit not guaranteed

NO Cheques Will be accepted

Please find enclosed DD No.....Dated.....

Drawn on.....

For Rupees.....

Please send Draft in favour of "UPAPSICON – 2008" payable at Aligarh.

Date.....Signature.....

Send Registration form to:

Organising Chairman

Department of Plastic Surgery,

J. N. Medical College

Aligarh Muslim University

Aligarh- 202002 (U.P.) India

Tel : + 91-571-2721870 (Extn 5621), Fax : +91-571-2720672, Mobile : 09897032115

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