



## REGISTRATION FORM

Please fill the all required details in **BLOCK LETTERS**

Title : Prof.  Dr.  Mr.  Ms.  Mrs.

Gender : Male  Female

First Name\* : \_\_\_\_\_ Middle Name : \_\_\_\_\_ Last Name : \_\_\_\_\_

Institute/Hospital\* : \_\_\_\_\_ Designation\* : \_\_\_\_\_

Postal Address\* : \_\_\_\_\_

State\* : \_\_\_\_\_ City\* : \_\_\_\_\_ Country : \_\_\_\_\_ PIN : \_\_\_\_\_

E-mail\* : \_\_\_\_\_ Mobile\* : \_\_\_\_\_

Accompanying with (Applicable for Accompanying registration): \_\_\_\_\_

### REGISTRATION TARIFF

Tick the type of registration which is applicable

Non-Residential (Only registration)		<b>INCLUSIONS:</b> <ul style="list-style-type: none"><li>• Lunch 16th and 17th July</li><li>• Gala Dinner 16th July</li></ul>
Type of Registration	Tariff	
<input type="checkbox"/> Delegate	7,000 + GST	
<input type="checkbox"/> Trainee/Student	5,000 + GST	

  

Residential (Registration + Accommodation)		<b>INCLUSIONS:</b> <ul style="list-style-type: none"><li>• One Night Stay at <b>ITC, Kolkata</b> or any other 5 star hotel</li><li>• Lunch 16th and 17th July</li><li>• Gala Dinner 16th July</li><li>• Breakfast 17th July</li></ul>
Type of Registration	Tariff	
<input type="checkbox"/> Single Room	17,000 + GST	
<input type="checkbox"/> Twin Sharing	12,000 + GST	
<input type="checkbox"/> Accompanying	7,000 + GST	

\*For Trainees either National / International (Fellow/ Residents/ Students, etc) a certificate of their trainee status is required from Head of the Department/Unit.

\*GST 18% extra applicable on all registration tariffs.

Signature

## How to register:

- Registration can be done through offline mode.
- Registration form can be downloaded from the website: [www.gastrocon2022kolkata.com](http://www.gastrocon2022kolkata.com)
- Fill the offline registration form with all the required details.
- Send the filled registration form to [gastroconkolkata22@gmail.com](mailto:gastroconkolkata22@gmail.com) along with the payment receipt and supporting documents.
- You can also post the filled registration form to the address given below along with the payment receipt/ Cheque/Demand Draft.
- Cheque/Demand Draft should be in favour of "KOLKATA GASTROENTEROLOGISTS SOCIETY"

## Bank Details:

**Account Number** : 005010100234597  
**Name of Beneficiary** : Kolkata Gastroenterologists Society  
**Name of Bank** : Axis Bank  
**Branch** : Shakespeare Sarani, Kolkata - 700071  
**IFSC Code** : UTIB0000005  
**Swift Code** : AXISINBB005

## Address:

### **Institute of Gastro Sciences and Liver, Apollo Multi Speciality Hospitals**

58 Canal Circular Road, Kolkata 700054  
Tel +91 33 2320 3040/2122



#### Local Organising Committee

Institute of Gastro Sciences and Liver,  
Apollo Multi Speciality Hospitals

58 Canal Circular Road, Kolkata 700054  
Tel +91 33 2320 3040/2122



#### ISG Secretariat

Tel: 9654651720  
E-Mail: [secretary@isg.org.in](mailto:secretary@isg.org.in)



#### Conference Manager

Mysha India Services Pvt. Ltd.

Tel: 9999050747  
E-Mail: [info@myshaservices.com](mailto:info@myshaservices.com)