

REGISTRATION DETAILS

| | Before 30th June | Spot Registration |
|--|---------------------|----------------------|
| Student* (Post Graduate, Fellow, Registrar, Resident) | ₹ 1250 | ₹ 1850 |
| Delegate (Practitioner) | ₹ 1850 | ₹ 2450 |

*Students to submit bonafide certificate from their Department or Institution Head / Supervisor along with the registration form.

To register, please mail the filled-in registration form along with multicity Bank Cheque / Demand Draft, to be made in favour of "**CANCON**", payable at Bangalore.

To register online log on to the website **www.cancon.in**

CANCELLATION POLICY

Cancellation must be notified in writing to the Course Coordinator, **Dr. Girish Shetkar** by email to: girish.shetkar@cytecare.com

The refunds shall be processed directly by CME Organizers, 30 days after the CME.

Cancellation by 25th June, 2017 - 50% Refund.

Cancellation after 25th June, 2017 - No Refund.

For Registration & Other Enquiries Contact:

Mr. Ajay, CME Manager: +91 74065 02555.

E-mail: info@cancon.in; prabhakaran.ajay@cytecare.in

REGISTRATION FORM

Name:.....

.....Age/Sex:.....

Specialty:.....

Designation:.....

Student

Delegate

Correspondence Address:

.....

City:.....State:.....

Pin Code:.....

Telephone:.....

Mobile No:.....

Email:

Sign:..... Date:

Please send the filled Registration Form to the below mentioned Address:

CME Manager

Cytecare Cancer Hospitals,

Airport Road, Near Bagalur Cross, Yelahanka,

Bengaluru - 560064, Karnataka

Mob: +91 74065 02555. Ph No: +91 80 2217 6767.

www.cancon.in info@cancon.in