PHONOCON 2019

15th Annual Scientific Conference of the Association of Phonosurgeons

Venue: The Gateway, Kolkata

1st, 2nd & 3rd February, 2019

REGISTRATION FORM

Name: ……..

Association Life Membership No.: ……

Medical Council Registration No.: ……..

Institution: ……..

Designation: ……

Address: ……..

……..

……..

City: …….. State: …… Country: ……..

PIN Code: …… Phone/Mobile: ……..

E-mail: ……Whatsapp No.: ……..

Number of Accompanying person: ……..

Amount Payable: INR. ……..

Mode of Payment: Cheque ☐ NEFT/RTGS ☐ Others ☐

Cheque/DD no.: …….. Date: …… in favour of "PHONOCON 2019" payable at Kolkata.

NEFT/RTGS Ref. no.: …….. Date: ……

Name of the Bank & Branch: ……

Signature of Delegate: ……..

Signature & Seal of the HOD: ……

(For PG students only)

Account Details:
Bank Name: UNITED BANK OF INDIA
Account Name: PHONOCON 2019
Account Number: 1624010034937
Branch Address: R. K. MISSION SEVA PRATISHTHAN (1624)
IFSC Code: UTBI0RSPA57
MICR Code: 700027317

Registration Fees

	Early Bird Upto 31.07.18	From 01.03.18 to 30.11.18	From 01.12.18 To 31.01.19	Spot
Association Member	INR 7000	INR 8000	INR 9000	INR 10,000
Non Association Member	INR 8000	INR 9000	INR 10,000	INR 11,000
PG Student	INR 4500	INR 5000	INR 5500	INR 6500
SLP	INR 3000	INR 3500	INR 4000	INR 4500
Foreign Delegate	USD 200	USD 250	USD 300	USD 350
Accompanying person	INR 3500	INR 4000	INR 4500	INR 5500

Hands-on workshop registration fees (in addition to the above)

Stroboscopy	INR 2000
Swallowing disorder management	INR 2000
Injection laryngoplasty (goat larynx)	INR 2000
LASER	INR 2000
Care for Professional voice	INR 2000
Laryngeal Framework Surgery	INR 2000

Mailing Address:
To
The Organising Secretary
PHONOCON 2019
Genesis Hospital
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Kolkata – 700107
West Bengal
India

Contact Details:

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