

MASTERCLASS IN MINIMALLY-INVASIVE ENDOUROLOGY MIE-2019

20th-21st April 2019

Global Rainbow Healthcare, Agra
Near Gurudwara, Mathura Road, Agra

REGISTRATION FORM

DELEGATE DETAILS (Please fill in CAPITAL LETTERS)

Name _____

Address _____

City _____ Pincode _____ State _____

Mobile No : _____ Office Phone : _____

Email id : _____

PAYMENT DETAILS

Online payment can be done using following link

www.usi.org.in

Registration Fee: INR. 2000/- (upto 31st March); **Spot Registration:** INR. 3000/-

Txn No / UTR No _____ Amount _____ Date _____

Bank Name _____ Branch _____

Date

Signature.....

Account Name	The Urological Society of India
Account No.	30744533676
Bank	STATE BANK OF INDIA
Branch	S.N.M.C AGRA
Address	AGRA, UP, PIN - 282001 UTTAR PRADESH
IFSC Code	SBIN0007892
MICR Code	282002014

Please email the duly filled form to:
dr.madhu.agra@rainbowhospitals.org