

## Abstract Submission Form

Presenting Author's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Institution \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Co-authors Name: \_\_\_\_\_

Type of Presentation: Oral/Poster

Title of Paper: \_\_\_\_\_

## Registration Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

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Payment Details: Cheque /DD No: \_\_\_\_\_ Amount: \_\_\_\_\_

Cheque to be drawn in favour of **"GYNAE ENDOCRINE SOCIETY OF INDIA"** and to be sent to GESI Secretariat payable at Delhi

Member: \_\_\_\_\_ Non Member: \_\_\_\_\_ PG: \_\_\_\_\_

Please tick (√) any two of the following Workshops (One in each row):

1. Ovulation Induction & IUI  3. Obesity  5. Contraception   
2. In Vitro Fertilization  4. GDM  6. Menopause

## Registration Fee

Registration Fees	Conference			Workshops
	Members	PGs	Non- Members	
Before 31 <sup>st</sup> Jan, 2014	4000	3000	4500	800
After 31 <sup>st</sup> Jan, 14 upto 31 <sup>st</sup> March, 2014	4500	3500	5000	1000
1 <sup>st</sup> April, 2014 upto 15 <sup>th</sup> April, 2014	5000	4000	5500	1200
Spot	5500	4500	6000	1200

## Gesi Secretariat

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