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: _______________
Designation: ___________________________________________ Institution: _______________________________
Address: ________________________________________________
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Mobile No: ________________________________E-mail: ________________________________________________

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):

Registration Fee

<table>
<thead>
<tr>
<th>Dates</th>
<th>Members</th>
<th>PGs</th>
<th>Non-Members</th>
<th>Workshops</th>
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<td>4000</td>
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<td>After 31st Jan,14 upto 31st March, 2014</td>
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