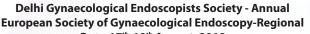


DGES-ESGE 2018





Date: 17th-19th August, 2018 Venue: Hotel Le Meridien, New Delhi

Registration Form

Nationality:	Gen	der: Male/Femal	e	Age:	
Address:					
City:	Sta	te/Country:		Zip Code:	
Email ID:					
Organisation/Co	mpany:		Designat	ion:	
Mobile:		Teleph	ione:		
Registration No.		Receipt No		(For Official use only)	
Registration Fee*(17 th , 18 th , 19 th August-Surgical Workshop and Scientific Session) Includes 3 Lunches + Conference kit + live Surgical Workshop on 17 th Aug 2018 + Scientific Session on 18 th & 19 th Aug 2018					
Dates	Upto 1st July 2018	2 nd July-1 Aug 2	018	After 1st August & Spot	
DGES Members	☐ 9000 INR+ GST =Rs 10,620	□ 9500 INR+ GST	=11,210	☐ 10500 INR + GST=INR =12,390	
Non Members	9900 INR+ GST=Rs. 11,682	□ 10400 INR+ G	ST=12,272	☐ 11400 INR+ GST=INR 13,452	
PG **	☐ 6000 INR+ GST =INR 7080	☐ 6500 INR + GS	T =INR 7670	☐ 7000 INR+ GST=INR 8260	
Foreign Delegates	□300 USD	□ 400 USD		□ 500 USD	

BANQUET on 18th Aug 2018 at LE MERIDIEN: 2500 INR

**Post graduate students must enclose certificate from the Head of department /unit along with registration form.

Payment Options:

- Registration is compulsory for all irrespective of the type of participation (attending the conference, presenting a PPT/video, delivering a talk, chairperson or panel discussion).
- 2. Registration payments to be made via bank draft or bank transfer.
- All demand drafts should be made payable to DELHI GYNAECOLOGICAL ENDOSCOPISTS SOCIETY payable at New Delhi and mailed to the conference Secretariat at the following address. Kindly indicate your name, contact number and name of the conference DGES ESGE 2018 at the back of demand draft.
- 4. Online Registration can be done through Bank transfer or RTGS/NEFT.

5. Bank Details : Bank Account : DELHI GYNAECOLOGICAL ENDOSCOPISTS SOCIETY

Bank Account No. : 071501001642

Bank Name : ICICI Bank, Rohtak Road, Delhi-110005

IFS Code : ICIC0000715 SWIFT Code : ICICINBBCTS

- 6. The registration form may be downloaded from the website www.dges.in
- 7. Delegates are requested to preserve the receipt and present it at the registration counter.
- 8. Registration will be confirmed only upon receipt of payment.

Conference Secretariat:

Dr. Shivani Sabharwal (Organizing Secretary)
Jeewan Mala Hospital, 67/1 New Rohtak Road, New Delhi-110005
(L): 011-40043355(M): 9212150571, 9212526855, 9811557511
E-mail:dgesjmh@gmail.com, Website:www.dges.in



DGES-ESGE 2018

Delhi Gynaecological Endoscopists Society - Annual **European Society of Gynaecological Endoscopy-Regional**



Date: 17th-19th August, 2018 Venue: Hotel Le Meridien, New Delhi

Abstract Submission Form

ree Papers Last Date to submit Abstract 15th July, 2018 Please Complete and email at dgesjmh@gmail.com

Presenting Author's Name:			•••••
Address:			•••••
Date of Birth:	City: S1	rate/Country:	
Telephone No.:		Institution	
Registration No	Type of Presentation:	Video/	PPT)
Theme of Presentation			•••••
	s, Results and Conclusion(no s managed endoscopically)	t more than 200 words)	
,	,		
MATT			
Date:		Signature:	

Abstract should also be e-mailed as attached file to dgesjmh@gmail.com before 15th July, 2018