

Name of the Delegates: \_\_\_\_\_

Designation: \_\_\_\_\_ Organisation/Institution: \_\_\_\_\_

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

State: \_\_\_\_\_ City: \_\_\_\_\_ Pin Code: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone/Mobile: \_\_\_\_\_

MCI No:(If Any): \_\_\_\_\_

## REGISTRATION FEES

Registration Type	Early Bird Registration Upto 15th March, 2018	Normal Registration Fees After 15th March, 2018	Selection
Faculty / Medical Practitioners / General	Rs. 5500	Rs. 6500	<input type="checkbox"/>
Research Scholar & Post-doctoral Fellow	Rs. 4500	Rs. 5500	<input type="checkbox"/>
Student(UG+PG)	Rs. 3900	Rs. 4900	<input type="checkbox"/>
Industrial Participants	Rs. 12000	Rs. 14000	<input type="checkbox"/>
E- Poster	Rs. 1500	Rs. 2500	<input type="checkbox"/>

## SPONSORSHIP AND EXHIBITION

Lecture Sponsorship INR 02 Lakhs	Tea/Coffee Sponsorship INR 03 Lakhs	Dinner Sponsorship INR 05 Lakhs
<ul style="list-style-type: none"> <li>■ 1 full page advertisement in conference book</li> <li>■ Advertisement in the form of standee or posters in the conference</li> <li>■ 3x3 stall in the conference</li> </ul>	<ul style="list-style-type: none"> <li>■ 02 Invitation to the Inaugurals</li> <li>■ 1 full page advertisement in conference book</li> <li>■ Advertisement in the form of standee or posters in the conference</li> <li>■ 3x3 stall in the conference</li> <li>■ Advertisement material in delegates kit</li> <li>■ 2 min's company presentation in inaugurals session</li> </ul>	<ul style="list-style-type: none"> <li>■ 05 Invitation to the Inaugural</li> <li>■ 1 full page advertisement in conference book</li> <li>■ Advertisement in the form of standee or posters in the conference</li> <li>■ 5x5 stall in the conference</li> <li>■ Advertisement material in delegates kit</li> <li>■ 10 min's company presentation in inaugurals session</li> </ul>

## PAYMENT DETAILS

Draft/Cheque No: \_\_\_\_\_ Branch Name & Branch: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Note: All Payments shall be made in favor of "ARJYOPA HEALTHCARE" Payable at Kolkata

Name of Account: **Arjyopa Healthcare** Nature of Account: **Current Account** Account Number: **50200025442471**

Bank Name and Branch: **HDFC Bank, Kestopur** IFSC Code: **HDFC0002492**

In Case of Bank Transfer We request you to send your transaction details at [contact@arjyopahealthcare.org](mailto:contact@arjyopahealthcare.org)  
For Cheque/Draft, Kindly send the Original copy to the below address

### ARJYOPA HEALTHCARE

H. No. 02, R. B. C. Road, Near Hanuman Mandir, Gora Bazar, Dum Dum, Kolkata-700028, West Bengal, India  
Ph: +91 9019542005 / +91 8431061984 E: [info@worldcancercongress.in](mailto:info@worldcancercongress.in) / [info@drugdiscoveryconference.org](mailto:info@drugdiscoveryconference.org)