



Annual Conference of Indian Thyroid Society

9th - 11th August 2024, Holiday Inn, Lucknow

REGISTRATION FORM

Please Fill in **BLOCK LETTERS**

(*It is important that you provide an email & mobile number so that future communications can be sent to you via SMS/ e-mail)

Title: Prof. Dr. Mr. Ms. Mrs.

Gender: Male Female

First Name*: _____ Last Name: _____

Institute/ Hospital: _____ Designation: _____

Postal Address: _____

Country: _____

*State: _____ *City: _____ Pincode: _____

ITS Membership No. *: _____ MCI No.: _____

E-mail*: _____ Mobile*: _____

REGISTRATION FEE

(Tick the amount which is applicable & enclose)

Category	Till May 31 st 2024	1 st June - July 31 st 2024	Spot Registration
Delegate	₹ 14160	₹ 16520	₹ 21240
PG Delegate	₹ 7080	₹ 8260	₹ 11800
Corporate Delegate	₹ 18880	₹ 21240	₹ 25960
Accompanying Person	₹ 9440	₹ 10620	₹ 11800

Registration fee is including of GST

ACCOMPANYING PERSON DETAILS

1. Name: _____ Age: _____ Gender: _____

2. Name: _____ Age: _____ Gender: _____

3. Name: _____ Age: _____ Gender: _____

I am enclosing herewith a Cheque/ Demand Draft no. _____ dated ____/____/____
of Rs. _____ (in words: _____) only
drawn on bank _____ in favour of "Indian Thyroid Society
payable at Edapally.

.....
Signature

Bank Details of ITSCON 2024, Lucknow:

Account Name: **Indian Thyroid Society**

IFSC CODE: **DLXB0000155**

Branch: **Edappally-EKM**

GST No.: **32AAAAI2202H1ZH**

A/C No: **015501400001584155**

Name of Bank: **Dhanlaxmi Bank Ltd**

PAN: **AAAAI2202H**

REGISTRATION GUIDELINES

- ITS Membership number is mandatory for registration in membership category.
- Online charges will be applicable at 3% of the total amount.
- Registration fees include admission to the scientific halls, trade exhibition, inaugural function and lunch.
- Provide us your updated email id & mobile number. As it will be used for the registration receipt and other conference communication.
- Organizing committee shall not be liable in any form in case of changes in date / venue due to unforeseen reasons.
- Conference organizers are not responsible for postal delays / failure of delivery by post or failure of electronic communication.
- It is mandatory for all delegates to carry their photo id (government approved) for smooth registration procedure.
- *It is mandatory to submit HOD Letter/ PG certificate to avail the registration in PG category.

CANCELLATION & REFUND

- Requests for cancellation for refunds must be made in writing or through e-mail.
- Request must be sent to conference secretariat at E-mail: itscon2024@gmail.com
- No refund of registration fee will be provided for cancellation request received after 30th June 2024.
- 50% of the registration would be deducted as processing charges and rest will be refunded one month after conference completion.

Please send duly filled Registration form along with Cheque or DD in favour of "Indian Thyroid Society" payable at Edapally to:

SECRETARIAT OFFICE:

Department of Endocrine and Breast Surgery
A Wing, Medanta Hospital, Sector A
Pocket 1. Sushant Golf City, Lucknow
E-mail: itscon2024@gmail.com

For office use only

Receipt No.: _____

Registration No.: _____

CONCEPT
TRAVEL AND CONFERENCES

Professional conference organisers

Block B, 2nd Floor, Balaji Estate, 8
Guru Ravi Das Marg, Kalkaji,
New Delhi - 110019

For Registration Query Contact:

Mr. Rahul Kanojiya

Mobile: +91 9810399003

E-mail: rahul@concepttc.com