

REGISTRATION FORM



The 25th Annual Conference of the Medical Ultrasound Society of Karnataka

MUSKCON 2020

Dates: 22nd & 23rd February, 2020

The LaLiT Ashok Bangalore, Kumara Krupa Road, High Grounds, Seshadripuram, Bengaluru

Name: _____

Qualification: _____

Registration No. _____ registered with _____ Medical Council

Postal Address: _____

_____ Pin _____

Phone Number: _____ Email: _____

MUSK Life Membership No. _____

DELEGATE FEE SCHEDULE & REGISTRATION DETAILS DAY 1 & DAY 2 - 22.02.2020 & 23.02.2020	REGISTRATION FEE (in ₹) + GST 18%	TOTAL (in ₹)
Early Bird (till 10.02.2020)	10000 + 1800	11800
From 11.02.2020 & Spot Registration	11000 + 1980	12980
PG Students & MUSK Members (till 10.02.2020)	9000 + 1620	10620
PG Students & MUSK Members (from 11.02.2020 & Spot Registration)	10000 + 1800	11800

MUSK NEFT details: Account Name: **MUSK** Bank Name: **Canara Bank**

Branch: **Sampangirama Nagar** Account no: **1175101020321** IFSC Code: **CNRB0001175**

Cheque/DD to be drawn in the favour of **MUSK, Bangalore**, Payable at Bangalore
(Kindly write your Name and Contact number on the back of the cheque)

Cheque/DD No:		
Cheque/DD Dated:		
Bank:		
Branch:		
Are you a MUSK Member ?	Yes	No
If No, do you want to become a MUSK Member?	Yes	No
If Yes, contact the registration counter at the venue for Membership Registration Form		

Mail Registration Form to: Dr. Manoj Kumar Raheja, Raheja Diagnostics,
18/4, 1st Main Road, Sampangirama Nagar, Bangalore 560026. Ph: 9448379208

- **Cancellation Policy:** If cancelled before 10.02.2020, 70% will be refunded after the conference. Any cancellation after 10.02.2020 will not be eligible for refund.

Note: Receipts can be collected at the venue

Delegate's Signature