

REGISTRATION FORM

No. _____ Date: _____

Name _____

Present Position _____

Institute _____

Part of MS/FCPS Course (only for resident): Part-A / Part-B/ Thesis part.

City _____ Country _____ Postal Code _____

Mobile _____ Email _____

	Early Bird (15 September 2019)	Regular (15 October 2019)
Delegates	BDT - 1,000.00	BDT - 2,000.00
Post Graduate Students	BDT - 500.00	BDT - 1,000.00
Foreign Delegates	USD - 100.00	USD - 200.00
Total		

Kindly send your duly filled registration form to:

Urology and Transplantation Foundation of Bangladesh (UTFB)

57/9, Artisan Centre, Panthapath, Dhaka, Bangladesh

Email: ikaisar2@gmail.com, masalamurology@yahoo.com

Cell: +88-01715131006, +88-01715010076

Signature & Date of
the Applicant

REGISTRATION FORM

No. _____ Date: _____

Received BDT / USD _____ In word _____

From Prof / Dr _____

Signature of the
Receiver