



EUROPEAN SOCIETY OF PERITONEAL
SURFACE ONCOLOGY



THE EUROPEAN SOCIETY
OF SURGICAL ONCOLOGY



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OF SURGICAL ONCOLOGY



3rd INTERNATIONAL COURSE WORKSHOP & CONFERENCE ON PERITONEAL SURFACE MALIGNANCIES YEAR IN REVIEW: GYNECOLOGIC ONCOLOGY | COLORECTAL CANCER

19 - 21 April 2019, Mumbai

REGISTRATION DETAILS

Only Workshop (19 April 2019)

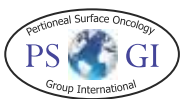
Category	21 March 2019	22 March - 15 April 2019	Spot
ESSO/AGOI/ISPSM Members	2000	2500	—
Non-Members	3000	3500	—
Students & Trainees	1500	2000	—

Only Conference (20 - 21 April 2019)

Category	21 March 2019	22 March - 15 April 2019	Spot
ESSO/AGOI/ISPSM Members	3000	3500	5000
Non-Members	4000	4500	6000
Students & Trainees	1500	2000	3500

Workshop + Conference (19 - 21 April 2019)

Category	21 March 2019	22 March - 15 April 2019	Spot
ESSO/AGOI/ISPSM Members	4500	5500	—
Non-Members	6500	7500	—
Students & Trainees	2500	3500	—



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- For online registration visit our website: www.ispsm19.com
- Make NEFT on below details
Beneficiary name : ISPSM
Beneficiary Bank account No : 04852010065966
Beneficiary Bank Name : Syndicate Bank
Beneficiary Bank Branch : Manipal Hospital, Bangalore - 560017
IFSC code of Payee Bank : SYNB0000485
PAN No. : AABAI1853R
- For offline registration send a DD/Cheque in favor of "ISPSM" along with duly filled registration form to below address of conference secretariat.

Note:

- Cancellation with 75% refund will be entertained until 31 March 2019.
- After NEFT kindly send filled registration form to ispsm.agoi19@gmail.com



Conference Secretariat:

Anshul Bishnoi

RIVER ROUTE CREATIVE GROUP LLP

Unit No. 9, Cama Industrial Premises Co-op Society Ltd.

Sunmill Compound, Lower Parel (W), Mumbai - 400 013

Tel: +91 22 24931357/58 Email: ispsm.agoi19@gmail.com



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19 - 21 April 2019, Mumbai

REGISTRATION FORM

Category

Member: ☐ Non - Member: ☐ Student/Trainee: ☐

Only Workshop: ☐ Only Conference: ☐ Workshop + Conference: ☐

AGOI/ISPSM Membership No.:

First Name: _____

Middle Name: _____

Last Name: _____

Mobile No: _____ Email id: _____

Hospital: _____

Department: _____ Specialization: _____

Postal Address: _____

City: _____ State: _____

UTR No. : _____



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