



JAIPUR **2017**

5th - 8th January 2017

70th Annual Conference of
Indian Radiological and Imaging Association

REGISTRATION FORM

Please fill in **BLOCK LETTERS**

Dr./Mr./Ms.

First Name

Middle Name

Last Name

Age Sex M F Designation

Institution Mailing Address

City State Country Pincode.....

Tel. City Code Res. Clinic/Hosp

Mobile E-mail.....

DELEGATE CATEGORY

IRIA Member / Non IRIA Member / Student Member / Accompanying Member / Trade Member
SAARC Delegate / Overseas Delegate IRIA Membership No.....

ACCOMPANYING PERSON DETAILS

Name 1..... 2..... 3.....

PAYMENT DETAILS

1. IRIA Member..... 2. Non IRIA Member..... 3. Student Member.....
4. Accompanying Member..... 5. Trade Member.....
7. SAARC Delegate 8. Overseas Delegate **TOTAL**.....

I am enclosing herewith Cash/Demand Draft / At par Cheque Nodated
for Rs./US\$..... (Rs./US\$.....only)

Drawn on bankin favour of "70th Annual Conference of IRIAI" payable at Jaipur.

Signature of the delegate

Conference Secretariate :

Dr. M. P. Goyal - Organising Secretary (IRIA - 2017)

Dr. Goyal Sonography Center

C-79, Gurunanakpura, Rajapark Road, Opp. Maheshwari School, Rajapark, Jaipur-302004

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