



Registration Form

Registration No.:

Bill No. Date/...../ 20....

17th Annual Conference 2014

Indian Society of Gastroenterology, West Bengal Chapter

**Venue : The Swissotel ,
Kolkata.**

Date : 21st & 22nd February, 2014.

Name :
(Block Letter)

Address :

Pin Code . : Email:

Institute :

Telephone :

Residence : Mobile No.:

Registration Fee (Before 10th February, 2014)

Delegate :

Member/Non Member : ` 5,00.00

Student (MD/DM) : ` 2,50.00

` 500 / 250, Ch./DD. No.:

Date :/...../ 20.....

Bank Name

The Cheque/Draft should be drawn in favour of **“All India Society of Gastroenterology, West Bengal”** as early as possible.

Registration Time : 11.00 AM to 03.30 PM every day (Except Saturday & Sunday)

Secretariat : The Secretary,

School of Digestive & Liver Diseases

Institute of Post Graduate Medical Education & Research,

Ronald Ross Building, 4th Floor, Room No. : 17, Phone No. 91 33 2223-4744

244, Acharya JC Bose Road, Kolkata – 700 020.

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