

REGISTRATION FORM

Please Fill in **BLOCK LETTERS**

(*It is important that you provide an email & mobile number so that future communications can be sent to you via SMS/ e-mail)

Title: Prof. Dr. Mr. Ms. Mrs.

Gender: Male Female

First Name*: _____ Middle Name: _____ Last Name: _____

Institute/ Hospital: _____ Designation: _____ Specialty: _____

Postal Address: _____

_____ City: _____

State: _____ Pin: _____ Country: _____

Phone (Res): _____ Mobile*: _____

E-mail*: _____

* Mandatory for Registration

REGISTRATION FEE

(Tick the amount which is applicable & enclose)

CATEGORY	FEE
<input type="checkbox"/> DELEGATES (Rheumatologists, Physicians, Orthopaedic Surgeons and other clinicians)	₹ 3000 <input type="checkbox"/>
<input type="checkbox"/> STUDENT DELEGATES* (MBBS Students, Postgraduate students, Senior Residents)	₹ 1500 <input type="checkbox"/>
<input type="checkbox"/> PHYSIOTHERAPY DELEGATES (Physiotherapists and Physiotherapy Students)	₹ 1500 <input type="checkbox"/>
<input type="checkbox"/> OVERSEAS DELEGATES (Outside India)	\$ 100 <input type="checkbox"/>

I am enclosing herewith a Cheque/ Demand Draft no. _____ dated ____/____/____ of
Rs. _____ (in words: _____) only drawn on
bank _____ in favour of "SOARCON 2020" payable at **Gautam Buddha Nagar, Noida.**

.....
Signature

NEFT & RTGS details of SOARCON :

Account Name: **SOARCON 2020**

IFSC CODE: **IDIB000N612**

Branch: **Gautam Buddha Nagar, Noida**

A/C No: **50513585814**

Name of Bank: **Indian Bank**

REGISTRATION GUIDELINES

- Online charges will be applicable at 3% of the total amount.
- Provide us your updated email id & mobile number. As it will be used for the registration receipt and other conference communication.
- Conference organizers are not responsible for postal delays / failure of delivery by post or failure of electronic communication.
- *Please submit letter from HOD/Dean to avail the registration in Student Delegate category.

CANCELLATION & REFUND

- Requests for cancellation for refunds must be made in writing or through e-mail.
- Request must be sent to conference secretariat.
E-mail: soarcondigicon@gmail.com
- No refund of registration fee will be provided for cancellation request received after 20th January 2022.
- 50% of the registration would be deducted as processing charges and rest will be refunded one month after conference completion.

Please send duly filled Registration form along with Cheque or DD in favour of "SOARCON 2020" payable at Gautam Buddha Nagar, Noida to:

Registration can also be done online through website mentioned below:

www.concepttc.com/soarcon

Click here for Online Registration 

Registered delegates can access the recordings of the talks for 6 months

Organized by:



CONFERENCE SECRETARIAT

Dr Kiran Seth

Sohan Arthritis and Rheumatism Center

A 72, Sector 50, Noida, India

soarcondigicon@gmail.com

+91 9811561030, 9599955199

For office use only

Receipt No.: _____

Registration No.: _____



Professional conference organisers

**Block B, 2nd Floor, 8, Guru Ravidas Marg,
Balaji Estate, Kalkaji, New Delhi, Delhi 110019**

For Registration Query Contact:

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