

**AICOG 2019**8<sup>th</sup> - 12<sup>th</sup> January - 2019, Bengaluru

Venue: Gayatri Vihar, Jayamahal Palace Grounds, Bengaluru - 560080

**Are You a Member of FOGSI?**  Yes  NoIf yes, please provide your  
FOGSI Membership No.**Medical Council No.**

State: \_\_\_\_\_

No.: \_\_\_\_\_

Prof.  Dr.  Mr.  Ms.  Mrs.  **Gender:** Male  Female  Veg.  Non Veg  Jain Food \*Name .....  
(PLEASE FILL IN CAPITAL LETTERS AS TO APPEAR IN THE CERTIFICATE)

Hospital / Institution : .....

\*Designation : ..... Department\* : .....

Postal Address : .....

City : ..... Pin Code : ..... State : .....

Country : ..... \*E-mail: .....

\*Mobile: ..... Alternate No: ..... DOB:..... Age .....

**ACCOMPANYING PERSON/S Details** (Please fill in CAPITAL LETTERS)Prof.  Dr.  Mr.  Ms.  Mrs.  **Gender:** Male  Female  Veg.  Non Veg  Jain Food 

1. Name: ..... DOB:..... Age .....

2. Name: ..... DOB:..... Age .....

**PRE-CONGRESS WORKSHOPS** (Select any one) TICK THE APPROPRIATE CHECK BOX

- |   |   |  |
|---|---|--|
| 1. <input type="checkbox"/> LABOUR              | 5. <input type="checkbox"/> IMAGING IN OBSTETRICS | 9. <input type="checkbox"/> HYSTEROSCOPY         |
| 2. <input type="checkbox"/> HIGH RISK PREGNANCY | 6. <input type="checkbox"/> VAGINAL SURGERY       | 10. <input type="checkbox"/> INFERTILITY         |
| 3. <input type="checkbox"/> PPH                 | 7. <input type="checkbox"/> UROGYNECOLOGY         | 11. <input type="checkbox"/> PREVENTIVE ONCOLOGY |
| 4. <input type="checkbox"/> CRITICAL CARE       | 8. <input type="checkbox"/> LAPAROSCOPY           | 12. <input type="checkbox"/> MEDICO LEGAL        |

Please Turn Over...2

**Kindly retain this slip for your future references****REGISTRATION GUIDELINES****Conference Registration**

- Credit card/Online transactions Registration charges will be applicable at 3% of the total amount.

**Mandatory requirements as below**

- Duly filled registration form with Medical Council No , Updated Email id and mobile number
- PG students have to submit the confirmation certificate duly signed by HOD

FOGSI Members above the age of 75 years are exempted from registration fees. (Online Registration therefore not possible) The form has to be scanned & mailed/Posted with Govt. approved age proof

**Delegate Registration includes** Kit, Admission to the scientific halls, Trade and Exhibition, Lunch on 10th, 11th and 12th January, 2019, Inaugural Event with dinner on 9th January, 2019, Gala Event with dinner on 10th January, 2019. Conference Kit will not be guaranteed for Spot Registrations

- You can register for CME only if you register for the Main Congress
- We advise you to preserve a photocopy of the relevant documents related to the above confirmations

**CANCELLATION & REFUND POLICY FOR REGISTRATION**

- All cancellation should be made in writing and sent to AICOG 2019 Secretariat Office.
- All cancellation received on or before 31st October 2018 will be entitled for 50% refund of the registration fee after deduction of GST.
- No refund for cancellation made after 31st October 2018.
- The refund process will begin only after 30 days of the conference.

Organizing Committee shall not be liable in any form in case of changes in date/venue, postal delays & failure in electronic communication due to unforeseen reasons.

\*For more details visit [www.aicog2019.com](http://www.aicog2019.com)

## Registration Tariff

<input type="checkbox"/> ✓	Category	15th October to 31st December, 2018	01st January 2019 onwards
	<b>Workshop</b>	₹5,000/-	₹5,500/-
	<b>CME</b>	₹4,000/-	₹4,500/-
<b>Conference Fee</b>			
	FOGSI Members	₹12,500/-	₹15,000/-
	Non OBGYN Members	₹14,000/-	₹16,000/-
	Post Graduates	₹9,500/-	₹12,000/-
	Accompanying Person	₹11,000/-	₹13,000/-
	Banquet	₹3,000/-	₹4,000/-
	Foreign SAFOG	\$500	\$500
	Foreign Others	\$750	\$850
<b>Total Amount</b>			

**For Online Registration log on to [www.aicog2019.com](http://www.aicog2019.com)**

### Payment Details

**Mode of Payment : At Par Cheque | DD to be drawn in favour of **BSOG-AICOG 2019****

*(Please write your name, city and mobile number behind the cheque or DD)*

Cheque  Demand Draft  Cash | Cheque/DD No: .....

Date : ..... Drawn on Bank : .....

Branch : ..... Total Amount: .....

Amount in words : .....

Date of Submission:

Signature:

### FOR OFFICE USE ONLY

Receipt No.:

Registration No



**Kindly retain this slip for your future references**

**Please mail the Completed Registration Form along with Payment to**

**AICOG 2019, SECRETARIAT OFFICE**

**Divakars Speciality Hospital,**

220, Phase-2, J P Nagar, Bengaluru 560078, Karnataka. India.

**Phone** : +91 80 4085 3500.

**Email** : orgteamaicog2019@gmail.com

**Website** : www.aicog2019.com

### For Enquiries:

**Dr Sheela Mane** +91 98450 38861

**Dr Jyothika A Desai** +91 98453 42826

### For Registration Query:

**Mr Sriranga** +91 8660611841

**Email:** reg.aicog2019@gmail.com

**Dr Thejavathy GV** +91 98451 33014

**Dr Nagarathamma R** +91 98455 57464



[www.aicog2019.com](http://www.aicog2019.com)