

## REGISTRATION FORM

Conference Registration #:

Receipt #:

(Office use only)

PERSONAL DETAILS: Prof.  Dr.  Mr.  Mrs.

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male  Female  Other's  Nationality \_\_\_\_\_

\*Hospital / Institution: \_\_\_\_\_ Medical Council Reg. No \_\_\_\_\_ \*Designation: \_\_\_\_\_

\*Postal Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Pin: \_\_\_\_\_

\*Mobile: \_\_\_\_\_ \*Email: \_\_\_\_\_

### REGISTRATION FEE: Please tick the appropriate box

Category	Early Bird Till 30 <sup>th</sup> September 2024	Navaratri Special offer Rates till 15 <sup>th</sup> Oct 2024	Regular Till 15 <sup>th</sup> November 2024	Spot Till 16 <sup>th</sup> November 2024
Delegate	₹15000 <input type="checkbox"/>	₹15000 <input type="checkbox"/>	₹18000 <input type="checkbox"/>	₹20000 <input type="checkbox"/>
PG Student	₹10000 <input type="checkbox"/>	₹10000 <input type="checkbox"/>	₹10000 <input type="checkbox"/>	₹10000 <input type="checkbox"/>

Note: The registration fee includes GST @18% & Inclusive of Banquet & Gala Dinner

### PAYMENT MODE: Cheque / DD in favour of "Laser Vaginal Rejuvenation Institute of India"

Dated: \_\_\_\_\_ Drawn on: \_\_\_\_\_ Amount: \_\_\_\_\_

In words: \_\_\_\_\_

Other mode of Payments - NEFT / RTGS \_\_\_\_\_ Dated: \_\_\_\_\_ Amount: \_\_\_\_\_

### BANK DETAILS:

Date:

Signature:

Account Name	Laser Vaginal Rejuvenation Institute of India
Account Number	209841257779
Bank Name	Equitas Bank
Bank Address	Kilpauk , Chennai
IFSC Code	ESFB0001132

SCAN QR CODE TO  
MAKE THE PAYMENT



## CONTACT US

### Congress Secretariat

#### Dr Deepa Ganesh

Organizing Chairperson  
Founder President LVR II  
+91 98412 57779

Ground Floor, No. 8, Rams Flat, Gajapathy Street, Barnaby Rd,  
Kilpauk, Chennai, Tamil Nadu - 600010.

www.lvrii.in

### Professional Conference Organiser

#### Meety Events Private Limited

1-8-343, 1st Floor, MNJ Palace, IAL Colony,  
Begumpet, Secunderabad 500003  
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