



# FOUNDATION FOR HEAD AND NECK ONCOLOGY



DATE: 15<sup>TH</sup> - 17<sup>TH</sup> SEPTEMBER 2017 | VENUE: J. W. MARRIOTT HOTEL, JUHU

## REGISTRATION FORM (PLEASE FILL IN UPPER CASE)

www.fhno2017.com

Surname: ..... First Name: .....

Postal Address:.....

.....

City:..... Pincode:.....

State:..... Country: .....

Tel. (with area code): Residence:..... Office: .....

(MANDATORY) Mobile:.....

Active E-mail ID: .....

All future communications will be through email and mobile via SMS.

Accompanying person Name: 1.....

2.....

Preferred Room Partner (in case of twin sharing occupancy): .....

**Category:** (Please ✓ mark in the box)

Non-Residential Registration	Residential Registration <input type="checkbox"/> 2 Nights / 3 Days <input type="checkbox"/> 3 Nights / 4 Days
<input type="checkbox"/> Delegates	<input type="checkbox"/> Delegate on Twin sharing basis (Per person)
<input type="checkbox"/> Accompanying Person	<input type="checkbox"/> Delegate + One Accompanying Person
<input type="checkbox"/> PG student**	<input type="checkbox"/> Delegate on Single Occupancy basis
**Certificate from HOD is mandatory	<input type="checkbox"/> Child Below 5 years <input type="checkbox"/> Children between 5 & 12 years (without extra bed)

Mode of Payment: Cheque / DD No. .... Dated ..... Drawn on .....

..... Amount ..... Branch .....

Delegates are required to pay by DD/payable in favour of "FHNO 2017".

Delegates can also register online on [www.fhno2017.com](http://www.fhno2017.com) (online charges as applicable)

Please send the duly filled registration form along with DD / Cheque to:

Conference Secretariat:

**Vama Events Pvt. Ltd.**

Office No. 4, Gr. Floor, Anmol CHS, Sakharam Keer Road, Shivaji Park, Mumbai 400 016 Tel. : +91 22 - 2438 3498

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