

# SZUSICON 2024

35<sup>th</sup> ANNUAL CONFERENCE OF THE ASSOCIATION OF SOUTHERN UROLOGISTS

Date : 26<sup>th</sup>, 27<sup>th</sup> & 28<sup>th</sup> - JULY, 2024

Venue : DWARKA PALACE CONVENTION CENTRE, MADURAI  
( Under the Aegis of MANUS TRUST - Madurai )

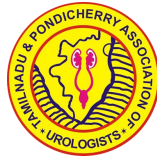
| REGISTRATION FORM         |   |
|---------------------------|---|
| REGISTRATION CATEGORY     | <input type="checkbox"/> ASU MEMBER<br><input type="checkbox"/> NON - ASU MEMBER<br><input type="checkbox"/> PG STUDENT (TO ATTACH BONAFIDE CERTIFICATE FROM HOD*)<br><input type="checkbox"/> FOREIGN DELEGATE |
| ASU MEMBERSHIP NUMBER     |   |
| NAME                      |   |
| AGE                       |   |
| SEX                       | MALE / FEMALE   |
| INSTITUTION & DESIGNATION |   |
| CONTACT ADDRESS           |   |
| CITY                      |   |
| PINCODE                   |   |
| LANDLINE NUMBER           |   |
| MOBILE NUMBER             |   |
| EMAIL ID                  |   |

## REGISTRATION FEE

| CATEGORY                      | FROM Feb 1 <sup>st</sup> TO | SPOT REGISTRATION                  |
|-------------------------------|-----------------------------|------------------------------------|
|                               | June 30 <sup>th</sup> 2024  | (After June 30 <sup>th</sup> 2024) |
| ASU MEMBER                    | Rs. 13,000 /-               | Rs. 17,500 /-                      |
| NON - ASU MEMBER              | Rs. 15,500 /-               | Rs. 19,000 /-                      |
| PG STUDENT                    | Rs. 9,500 /-                | Rs. 12,000 /-                      |
| ACCOMPANYING PERSON : > 6 YRS | Rs. 11,000 /-               | Rs. 14,000 /-                      |
| FOREIGN DELEGATE              | \$ 250                      | \$ 350                             |

## ACCOMPANYING PERSON DETAILS

| S.NO | NAME | AGE | RELATIONSHIP |
|------|------|-----|--------------|
| 1.   |      |     |              |
| 2.   |      |     |              |
| 3.   |      |     |              |
| 4.   |      |     |              |



### PAYMENT DETAILS

| S.NO | PARTICULARS             | AMOUNT (RS) |
|------|-------------------------|-------------|
| 1.   | DELEGATE FEE            | RS.         |
| 2.   | ACCOMPANYING PERSON FEE | RS.         |
|      | <b>TOTAL</b>            | <b>RS.</b>  |

\* POST GRADUATES TO ATTACH LETTER FROM HOD

| MODE OF PAYMENT       |             |              |
|-----------------------|-------------|--------------|
| CHEQUE / DEMAND DRAFT | NET BANKING | UPI TRANSFER |

| CHEQUE / DD NUMBER | BANK | DATE |
|--------------------|------|------|
|                    |      |      |

( OR )

| NETBANKING / UPI REFERENCE NUMBER | BANK                  | DATE |
|-----------------------------------|-----------------------|------|
|                                   |                       |      |
| <b>NET BANKING DETAILS</b>        |                       |      |
| ACCOUNT NAME                      | " SZUSICON 2024 "     |      |
| ACCOUNT NUMBER                    | 41958379094           |      |
| NAME OF THE BANK                  | STATE BANK OF INDIA   |      |
| BRANCH                            | TIRUMANGALAM, MADURAI |      |
| IFSC CODE                         | SBIN0000931           |      |

**NOTE : PLEASE SEND THE COMPLETELY FILLED FORM ALONG WITH REGISTRATION FEE AS CHEQUE IN FAVOUR OF "SZUSICON2024" TO THE BELOW ADDRESS**

**CONFERENCE SECRETARIAT :**

DR. D. PAUL VINCENT,  
ORGANIZING SECRETARY,  
DEPARTMENT OF UROLOGY & ANDROLOGY,  
MEENAKSHI MISSION HOSPITAL AND RESEARCH CENTRE,  
LAKE AREA, MELUR ROAD, MADURAI - 625 107.  
TAMIL NADU - INDIA.  
MOBILE : +91 - 90030 80019, 88384 74267.  
EMAIL : [szusicon2024@gmail.com](mailto:szusicon2024@gmail.com)

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