

SZUSICON 2024 REGISTRATION FORM

SZUSI member Non -SZUSI member PG Student Foreign delegate

SZUSI membership ID: _____

Full Name: _____

(this will be used for issuing certificate)

Organization: _____ Designation: _____

Postal Address with pincode: _____

(for correspondence) _____

City: _____ State: _____ Country: _____

Email: _____ Mobile no: _____

Accompanying person (6 yrs and above):

NAME	Age
1.	
2.	
3.	
4.	

Payment Reference Number: _____

Please send the completely filled form along with registration fee as cheque in favour of **SZUSICON 2024** to the below address

Conference Organizing Secretariat :

Dr.D. Paul Vincent,

Organizing Secretary,

Department Of Urology & Andrology,

Meenakshi Mission Hospital And Research Centre,

Lake Area, Melur Road, Madurai - 625 107.

Phone : +91-90030 80019, 88384 74267

Email : szusicon2024@gmail.com

SZUSICON 2024 TARIFF

Category	Inaugural Registration Offer	Early Bird Offer	Feb 1st, 2024 to June 30th, 2024	Spot Registration
	Till Aug 31st, 2023	Sept 1st, 2023 to Jan 31st, 2024		(After June 30th, 2024)
ASU Member	8500	9500	13000	17500
Non ASU Member	9500	10500	15500	19000
Accompanying Person	7000	8000	11000	14000
PG Student	6500	7000	9500	12000
Foreign Delegate	\$200	\$225	\$250	\$350

*Accompanying person age above 6Yrs