7th Annual The Cytometry Society meeting & 15th Indo-US Clinical Cytometry Workshop 2014

October 25 - 27, 2014

Invited speakers

Awtar Krishan, Brent Wood, Michael Borowitz, Elisabeth Paietta, W Kern, A Saluk, H Krishnamurthy, Z Maciorowski, DK Mitra, M Chatterji, S Arora, P Tembhare, K Sehgal, N Patkar, HK Prasad, B Dwarakanath and others to be announced

Registration fee

Conference +Workshop*

PG students/technologists: INR 3,500.00
Others: INR 5,000.00

Conference only

PG students/technologists: INR 2,000.00
Others: INR 3,500.00
Spot registration: INR 4,000.00

Last date

Early bird: September 15, 2014
Spot: Registrations after September 15, 2014

Note:

There will be no separate registration for workshop only.
*Workshop registration will be on selection basis. Please read registration form for details. Registration can be done online or offline.

Events

Conference: October 25-26(forenoon)
Workshop: October 26 (afternoon)-27

Venue

AIIMS, New Delhi

Chief Organizer

Rajive Kumar

Poster presentation

- Registration for conference as a delegate is required for poster presentation.
- Abstract should be 300 words or less (including one figure or table) and have a title, authors' names (presenting author's name underlined), place of work, and email address.
- The abstract should have the following: introduction, material and methods, results and conclusion.
- Poster dimensions should not exceed 80 cm (wide) x 120 cm (high).
- A soft copy of the abstract should be sent to: tcs2014irch@gmail.com.
- Last date for abstract submission is September 15, 2014.
- Two poster awards of INR 5,000 each

Contact

Dr. Rajive Kumar, Room 239, Laboratory Oncology Unit, Dr BRA-IRCH, AIIMS, Ansari Nagar, New Delhi, 110029. email: tcs2014irch@gmail.com. Tel: +91-11-26594439, +91-11-29575265
Dr. Reena Mittal. Mob: +91 9013095983
Mrs. Saroj Singh. Mob: +91 9899175928
onlineregistrationform.

7th Annual The Cytometry Society meeting & 15th Indo-US Clinical Cytometry Workshop 2014

REGISTRATION FORM

Personal/professional details

Name: …… E mail ID: ……

Designation: …… Institution: ……

Mailing Address: ……

Mobile number: ……

Conference only: **Conference + workshop:***

***For workshop registration (attach another sheet if required):**

Experience in flow cytometry:……

Reason for attending workshop: ……

Post-graduate student/Technologist: ……

Mode of payment: Online transfer Demand draft Spot

(Payment for conference only should be made when submitting the registration form. For conference+ workshop no payment should be made until confirmation of selection)

Payment details for online transfer

Account name: **7th Annual TCS meeting and UICC Workshop**
Account number: **33949772339**
Bank and branch: **Ansari Nagar, New Delhi**
IFSC code: **SBIN0001536** MICR code:**110002005**

Payment details of demand draft

Demand draft should be drawn in favour of: **7th Annual TCS meeting and UICC Workshop**

DD number number …… Dated: ……

Signature of Applicant

Note: PG students (pure sciences/ medical) should send a letter from department Head stating that they are students. For offline registration send the completed form along with DD to the address below.

Address for correspondence:

Dr. Rajive Kumar, Room 239, Laboratory Oncology Unit, Dr BRA-IRCH, AIIMS, Ansari Nagar,
New Delhi, 110029.
email: tcs2014irch@gmail.com. Tel: +91-11-26594439, +91-11-29575265