



Title (Prof./Dr./Mr./Mrs./Ms : Initials ..... Name : .....

Medical Council Registration No.: ..... Name of Medical Council ..... State.....

Profile:  In training  Consultant / Faculty

Organisation.....

Address for Correspondence .....

City ..... State ..... Pin Code.....Country .....

Telephone ..... Fax ..... E-Mail .....

Draft details : Bank Name: .....

Draft No ..... Rs..... Date .....

### Fee Structure

Category	Upto 30 <sup>th</sup> November 2019	Upto 31 <sup>st</sup> January 2020	Late & Spot
Student	3,500	5,000	7,500
Consultant	5,000	7,500	10,000

*I wish to register **FREE** for  
The TS Srinivasan Oration & Symposium 2020  
@ Chennai on 09<sup>th</sup> February 2020*

Please send the registration form to  
Conference Secretariat : **Marundeshwara Enterprises,**  
A2, Shanthi Apartments, New No.18 (Old No.21)  
TTK 1st Cross Street, Alwarpet, Chennai - 600 018.  
Phone : 91-44-2435 3079, 2432 8152  
Mobile : 91-85531 66466, E-mail : [tss@neurokrish.com](mailto:tss@neurokrish.com)