

**6<sup>th</sup> Conference of Molecular Pathology Association of India**  
Frontiers in Molecular Diagnostics and Pathology of Human Diseases  
Date: 10<sup>th</sup> to 11<sup>th</sup> February 2017  
Venue: KIIT University, Bhubaneswar



## **REGISTRATION FORM**

### **Personal Details**

<b>Name:</b> _____ (Please write your full name)
<b>Name of Organization:</b> _____ (Please write the full name of you organization)
<b>Address for Correspondence:</b> _____ _____
<b>Designation:</b> _____
<b>Email:</b> _____
<b>Mobile:</b> _____
<b>Molecular Pathology Association of India (MPAI) membership no.:</b> _____ MPAI encourages all participants to become member.

### **Preconference Registration (8<sup>th</sup> and 9<sup>th</sup> Feb 2017)**

- |   |
|---|
| <ol style="list-style-type: none"><li><b>1. PCR based Molecular Diagnostics</b></li><li><b>2. Molecular Cytology and FISH</b></li><li><b>3. Flow Cytometry</b></li><li><b>4. Next Generation Sequencing</b></li></ol> |
|---|

<b>Workshop title (choose one among the listed four topics):</b>
<b>Accommodation required:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Type of Accommodation:</b> _____
<b>Would you like to share the accommodation:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Sex:</b> _____

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### Conference Details

No. of accompanying person(s): _____
Accommodation required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Accommodation: _____
Would you like to share the accommodation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Sex: _____

### Payment Details

Mode of payment: <input type="checkbox"/> Demand draft <input type="checkbox"/> Online transfer
Amount: Rs. _____
Reference Number: _____
Date: ____ / ____ / ____
Name of the Bank and Branch: _____

### For online payment:

Account Name	MPAI-2017
Account No.	13462191065116
IFSC code	ORBC0101346
MICR code	751022006
Bank	ORIENTAL BANK OF COMMERCE
Branch	KIMS, BHUBANESWAR, ODISHA

### Instructions:

Necessary fields, please provide relevant information.

Save the filled form and the Abstract as Word file(.doc) and email to [6thmpai@gmail.com](mailto:6thmpai@gmail.com)