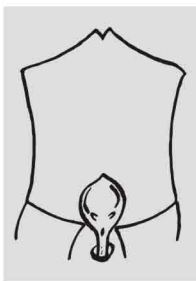




**International Workshop and Symposium on
Epispadias Hypospadias & Exstrophy Bladder
February 10-12, 2006
Department of Pediatric Surgery,
King George's Medical University
Lucknow - 226 003, India**



Registration Form

Title: Dr. ☐ Prof. ☐ Mr. ☐ Ms. ☐

Name: _____

Family Name: _____

Mailing Address: _____

City: _____ Pin Code: _____ State: _____ Country: _____

Tel (O) _____ (R) _____ (Please give Country & area code)

Fax: _____ E-mail _____

Meal Preference Veg: ☐ Non-Veg: ☐

Passport Details- (Overseas Delegates and Accompanying persons Only)

Place of Issue _____ Passport No. _____ Date of Issue _____

Date of Expiry _____

Accompanying Persons(Registered)

1 _____ 2 _____

3 _____ 4 _____

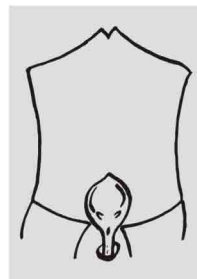
Accompanying Children below 10 years

1 _____ 2 _____

3 _____ 4 _____



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Payment Details

A) Registration	Number	Payment per Person	Total Payment
Delegates _____			
Accompanying persons _____			

B) Accommodation Advance			
No. of Rooms _____			
Advance _____			
C) Travel Payments			
1) Return Reservation _____			
2) New Delhi Pickup(One way, Two way) _____			
D) Tours(Place & Number)			
Number _____			
No. of Persons _____			
Tour Fees _____			

Total payment (in words) _____

Bank Draft No. _____ Date _____ Branch _____

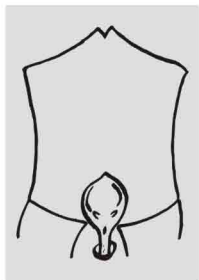
Amount _____

Rs. / \$

Signature _____

**Payment by Bank Draft only in favour of "Pediatric Surgery Workshop"
Payable at Lucknow**

**All reservation requests and advance payment are to sent to
the Workshop Secretariat only**



**International Workshop and Symposium on
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Travel Reservation Form

Name: _____ Age: _____ Sex: _____

Mailing Address: _____

City: _____ Pin Code: _____ State: _____

Country: _____ Tele (Off): _____ (Res.): _____

Fax: _____ E-mail: _____

Travel Details

Train/Airline Name: _____ Train/Flight No.: _____

From: _____ To: _____

Date of return journey: _____

	Name	Age	Sex
1			
2			
3			
4			
5			
6			

**Reservation Assistance at New Delhi
for Overseas Visitors**

(for details see our section on Assistance at Ndly for overseas delegates)

Package A B C _____

No. of Persons. _____

Payment per person. _____

Total _____

No. Of Tickets

Adults Children

Fare Rs. _____

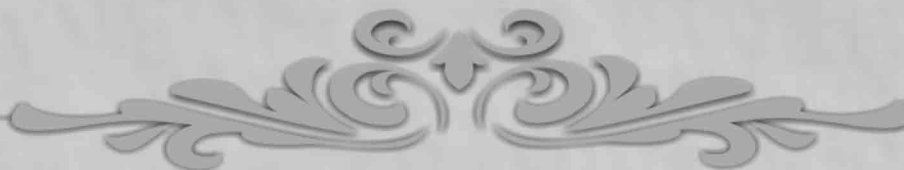
Last date for Submission: 15 December 2005.

Signature _____

Date _____

**Payment by Bank Draft only in favour of "Pediatric Surgery Workshop"
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Suggested format For Poster

Title, Authors, Institution, Country		
Aims	Photographs	Results
Methods		Discussions Conclusion

36"

24"

Please do not exceed size

Posters should be mounted on backing card

Double sided adhesive tape will be available for mounting the Posters.

Please display your posters at the allotted site number on 10/02/2006 / 11.02.2006

Prize

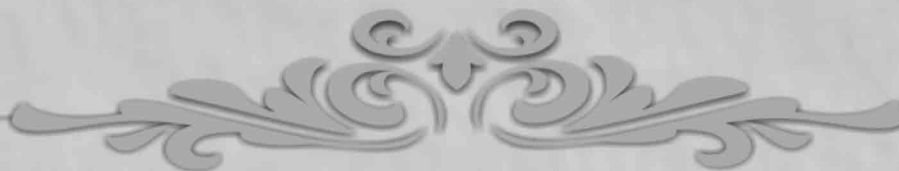
Two prizes will be given for best Posters decided by an independent panel of three judges. The winner (only the registered presenting author) will get a certificate and waiver of registration fee.

Information for video presentation

Video presentation (VHS format or compact disks) will be displayed during the video session on 12/02/03 (Sunday). Duration of the presentation should not exceed 10 minutes. Abstract for the video presentation is to be sent in the same format as for posters. Video presentation should feature a unique technique or point of technique, which can be discussed in the session.

Prizes for Video Session- Two prizes will be given for best videos, to be decided by an independent panel of three judges. The prize would be in the form of a certificate and waiver of registration fee.





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ABSTRACT FOR POSTER/ VIDEO

Deadline for the Submission is December 31, 2002

Abstracts can be sent by email: by simply filling this and pressing the submit button
As attached MS Word File through our website

Title of the poster/ Video: _____

Name of the Author(s) _____
(Underline The Presenting Author)

Department/ Institution _____

Mailing Address: _____

Tel No. _____ Fax No. _____ E-mail: _____

Title
Authors
Institution

Aims and objectives

Material and Methods

Results

Conclusion

Please use Arial/Courier/Verdana font, size 12 pt.

Please do not exceed box boundaries

Please send one floppy disc with label showing file name with hard copy abstracts

Presenting author should be registered, Certificate of Presentation will be made for presenting author only.

This Form can be photocopied

