 Bangladesh Society of Radiation Oncologists (BSRO)

AGM and Scientific Seminar 2019

**Registration Form**

Name in Capital:

Department:

Institute:

Present Post:

Cell No:

E-mail Address:

Country:

Category of Membership: Full Member --------- Associate Member----- Others—

------------------------------

Signature of the Participant

|  |
| --- |
| For Office Use Only |
| Voucher No: |

Name of the Participant --------------------

Signature of the Treasurer -----------------