 **Bangladesh Society of Radiation Oncologists (BSRO)**

**Scientific Seminar & AGM 2018**

| Registration form |
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| **Name :** |
| **Institute :** |
| **Department:** |
| **Present Post:** |
| **Mobile:** |
| **E-mail Address:** |
| **Country :** |
| **Category of Membership: Full Member Associate Member Others** |

**………………………………….**

**Signature of Participant**

|  |  |
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| **For Office Use Only** | |
| **Paid up to:** | **Voucher No:** |
| **Name of Participant …………………………………………………………………………………………………….**  **Signature of the Treasurer………………………….** | |