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

 **Scientific Seminar & AGM 2018**

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

**………………………………….**

 **Signature of Participant**

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