



Rajasthan  
Rheumatology  
Association



# 1<sup>ST</sup> ANNUAL CONFERENCE OF RAJASTHAN RHEUMATOLOGY ASSOCIATION

Venue : Rajasthan International Center, Jaipur

## REGISTRATION FORM

(Please write your name in capital letter as it will be printed in your certificate & badge)

Name\*: \_\_\_\_\_

Medical Council Name & Registration No. \_\_\_\_\_

Designation\*: \_\_\_\_\_ Institute: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Mobile\*: \_\_\_\_\_ Tel: \_\_\_\_\_

Email\*: \_\_\_\_\_

### Accompanying Person Details

1. Acc. Person Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

2. Acc. Person Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

### Select Category

Delegate  Faculty  Resident

Intar Articular Steroid Injection Workshop Yes ( ) No ( )

Conference Fee \_\_\_\_\_ Workshop Fee \_\_\_\_\_ Acc. Person Fee \_\_\_\_\_ Total Fee \_\_\_\_\_

### BANK DETAILS

Account Name : Rajasthan Rheumatology Association | A/c No : 2301220755132990 |  
Bank Name : AU Small Finance | IFSC Code : AUBL0002207 | Branch Name : C-Scheme, Jaipur

### Mode of Payment:

Cheque/NEFT/Cash/Other \_\_\_\_\_

Total Payable Amount: \_\_\_\_\_ Cheque. \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

# REGISTRATION DETAILS

CATEGORY	Till 29th February 2024	1st March 2024 Onwards
Delegate/Faculty	3000	5000
Resident	800	1000
Accompanying Person	2000	2000
Intar Articular Steroid Injection Workshop	2000	2000

## Registration Package Includes:

Break Fast, Lunch on 30th - 31st March 2024, Gala Dinner on 30th March 2024, Entries to All Scientific and Trade Area

## NO ONSPOT REGISTRATION AVAILABLE

### Cancellation Policy

- All cancellation should be made in writing and sent to RRACON 2024 conference Secretariat.
- All cancellation received on or before 29th Feb 2024 will be entitled for 75% refund of the registration amount paid.
- Cancellation made till 10th March. 2024 will be entitled for 50% refund of the registration amount paid.
- Cancellation made after 11th March. 2024 will be entitled for no refund of the registration amount paid.
- No refund on accommodation fee.
- The refund process will be completed within 30 days of completion of the conference.

### Offline Payment

- Multi city cheque (Please write your name & mobile no. at the back of cheque) in favor of "RAJASTHAN RHEUMATOLOGY ASSOCIATION" payable at Jaipur.
- After NEFT please send mail with screenshot of NEFT Detail & Registration Form.
- Please send the duly filled registration form along with DD/ Cheque to conference secretariat.

### Conference Secretariat

#### Dr. Aradhna Singh

Organising Secretary & President (RR Association)  
Head Dept. of Clinical Immunology and Rheumatology,  
SMS Medical College & Hospital, Jaipur  
E-mail : rracon24@gmail.com  
Website : www.rracon2024.com

### For General Query

#### Mr. Aashish Bansal

Mobile: +91 94135 00094, 80581 31319

### Event Partner

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