ITSCON 2026

The Annual conference of the Indian Thyroid society

14th Fri & 15th Sat August 2026

REGISTRATION FORM

Registration No. _____

Receipt No. _____
(For Office use only)

PERSONAL DETAILS (Please fill in CAPITAL LETTERS only)

Title: Dr ☐ Prof ☐ Mr ☐ Mrs ☐ Ms ☐

First Name: _____ Last Name: _____ Gender: ☐ Male ☐ Female

Address: _____ City: _____ Pin Code: _____

Institution/Company: _____ Ph: _____

Mobile: _____ Email: _____ Med Council Reg No: _____ State: _____

Category	Up to 31st May 2026	1st June - 31st July 2026	1st August - Spot Registration
ITS Member	☐ ₹ 4000	☐ ₹ 6000	☐ ₹ 8000
Non-member	☐ ₹ 6000	☐ ₹ 8000	☐ ₹ 10000
PG Student	☐ ₹ 4000	☐ ₹ 6000	☐ ₹ 8000
Accompanying Person	☐ ₹ 4000	☐ ₹ 6000	☐ ₹ 8000
International Delegate	☐ $ 100	☐ $ 150	☐ $ 200

PAYMENT DETAILS

DD/Cheque No: _____ Date: _____ Amount (₹) _____ In words: _____

Bank & Branch Name : _____

Name : _____ Designation: _____ Date: _____

N.B: 1. Post-graduates should furnish a proof of his/her status from the Head of department/Institution.
2. Payments may be made in DD/Cheque payable at Puducherry in favor of "**INDIAN THYROID SOCIETY**".
3. Cancellation of registration is permitted only up to 1st August 2026. 50% of the registration fee will be refunded only after the conference.
4. Registered delegates are entitled for attending Scientific Sessions, Inaugural programme, Trade exhibition, Lunches/Dinners and a Delegate kit.
5. Rights of admission reserved.

Kindly send the duly filled form at the below address:

Conference secretariat: **Arka Center for Hormonal Health Pvt Ltd**
5/2, First Avenue, Sastri Nagar, Adyar, Chennai - 600 020. | Mobile: 94980 41000
Email: itscon2026@gmail.com | Website: www.itscon2026.com

_____
Signature & Stamp