



myoIN Summit, 2019



July 27, 28

Name :

Age :

Gender :

Designation :

Current Attachment :

City :

Phone number: a. _____ b. _____

E-mail :

Arrival date and time :

Departure date and time :

Accommodation preference :Any/ Guest House(on campus)

**(Campus accommodation to be allotted on first come first serve,
twin sharing basis)**

Registration fee 2000 INR (Fellow), 3000 INR (Faculty)

**Payment to be made in favour of Clinical Immunology and
Rheumatology Foundation,**

A/C No.: 36627686977, IFSC Code : SBIN0007789

**(To confirm registration, email myositislg@gmail.com with
registration form duly filled and account transfer details attached)**

Venue

Lecture Theatre, Library Complex

SGPGIMS

Lucknow, India

For queries, contact

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