REGISTRATION FORM

**Symposium – ‘Optimizing Cryopreservation in ART’**

Organized by Special Interest Group - Embryology

Indian Fertility Society,

Venue: Auditorium, Sir Ganga Ram Hospital

Date: 7th April 2017, Time: 4 – 6.30 pm

NAME: ……………………………………………………………………………

POSITION: ………………………………………………………………………

AFFILIATIONS: ………………………………………………………………..

ADDRESS: ……………………………………………………………………….

MOBILE NUMBER: …………………………………………………………..

EMAIL ID: ……………………………………………………………………….

I, ………………………………………………………………………, hereby confirm my participation in the symposium ‘ Optimizing Cryopreservation in ART’, being held on the 7th of April, at Sir Ganga Ram Hospital, New Delhi.

Signature