



REGISTRATION FORM

ARO Registration No:

Receipt #: (office use only)

PERSONAL DETAILS:

Prof. Dr. Mr. Ms.

(Fill in the capital letters)

*First Name _____ *Last Name _____

*Hospital / Institution _____ *Designation _____ *Medical Council # _____

*Postal Address _____

*City _____ *State _____ *Pin _____ *Country _____

*Mobile _____ *Email _____

Accompanying Person 1 _____ 2 _____

Meal Preference: Veg Non-Veg

REGISTRATION FEE:

Please tick the appropriate box

Category	Early Bird Till 06 th April 2026	Regular Till 01 st December 2026	Spot 03 rd December 2026 onwards
ARO Member	INR 8,600 <input type="checkbox"/>	INR 11,600 <input type="checkbox"/>	INR 13,350 <input type="checkbox"/>
ARO Non Member	INR 10,350 <input type="checkbox"/>	INR 13,350 <input type="checkbox"/>	INR 14,900 <input type="checkbox"/>
PG Students	INR 6,700 <input type="checkbox"/>	INR 7,800 <input type="checkbox"/>	INR 8,700 <input type="checkbox"/>
ARO (ICRO) ASCO Joint Session	INR 2,000 <input type="checkbox"/>	INR 2,400 <input type="checkbox"/>	INR 3,900 <input type="checkbox"/>
Accompanying Person	INR 7,800 <input type="checkbox"/>	INR 8,700 <input type="checkbox"/>	INR 9,460 <input type="checkbox"/>
Foreign Delegate (FARO / SAARC Countries)	USD 105 <input type="checkbox"/>	USD 139 <input type="checkbox"/>	USD 167 <input type="checkbox"/>
Foreign Delegate (Non FARO / Non SAARC Countries)	USD 400 <input type="checkbox"/>	USD 470 <input type="checkbox"/>	USD 520 <input type="checkbox"/>

Note: Above rates are inclusive of 18% GST.

CONFERENCE REGISTRATION INCLUSIONS

- ❖ Conference Kit
- ❖ Inaugural & Valedictory
- ❖ Scientific Sessions
- ❖ Lunch on Conference Days
- ❖ Dinner & Cultural Evenings
- ❖ Entry to Trade Area
- ❖ Tea/Coffee

ACCOMPANYING PERSON INCLUSIONS

- ❖ Spouse Kit Bag
- ❖ Inaugural & Valedictory
- ❖ Lunch on Conference Days
- ❖ Dinner & Cultural Evenings
- ❖ Entry to Trade Area
- ❖ Tea/Coffee

PAYMENT MODE:

In favour of "ARO TELANGANA CHAPTER"

Cheque / DD # _____ Dated: _____ Drawn on: _____ Amount: _____

In words: _____

BANK DETAILS:

Account Name	AROI TELANGANA CHAPTER
Account Number	848601000080
Bank Name	ICICI Bank
Bank Address	Film Nagar Main Branch, Hyderabad
IFSC Code	ICIC0008486

SCAN QR CODE TO
MAKE THE PAYMENT



IMPORTANT GUIDELINES

1. AROI membership is mandatory to attend AROI (ICRO) ASCO Joint session only.
2. Conference and workshop registration is mandatory to attend the Pre Conference Workshop
3. Conference registration is mandatory for abstract submission.
4. Please ensure to wear Delegate badge/Conference badge (Bar/QR Coded) in the Conference area at all time.
5. Registration is Non-Transferable.
6. Please mention your registration number in all future correspondence with Conference Secretariat.
7. For spot registrations: Payment will be accepted only by mode of UPI/Debit or Credit Cards Only. The disbursement of delegate kit for the same will be subject to availability.
8. Delegate Kit will be handed over only to the registered delegate.
9. Entry of the Accompanying Person may be restricted to certain areas at the venue of the event.
10. Organiser will not be responsible for any loss or theft of personal belongings from the Conference venue.
11. For any change in registration slab subsequently, same will be updated on the website www.aroicon2026.com and shall be effective w.e.f revision date.
12. For UPI/Card/Net banking Payments please visit www.aroicon2026.com
13. The registration confirmation will be sent within 24hrs

TERMS & GUIDELINES

- ❖ Organisers reserve the right to reject a registration if found in violation of registration rules or to reassign them a category which they may deem fit.
- ❖ Registration slab applicable shall be the prevailing slab on the date of credit of the amount in the conference Account. It is requested to send forms and payment promptly well ahead of the slab transition period.

CANCELLATION & REFUND POLICY

- ❖ Requests for Cancellation and to process refunds must be emailed to the conference secretariat at **Email: aroicon2026@gmail.com** www.aroicon2026.com
- ❖ Cancellation till 15th August 2026 - 25% Cancellation Charges.
- ❖ Cancellation till 15th September 2026 - 50% Cancellation Charges.
- ❖ Cancellation till 15th October 2026 - 75% Cancellation Charges.
- ❖ No refund for the cancellation request after 15th November 2026
- ❖ Refund will be initiated/transferred by Online, DD/ Cheque only after the conference.

All the refunds will be processed 30 days after the conference and the GST 18% will be excluded.

CONFERENCE SECRETARIAT

Dr P Vijay Anand Reddy
Organising Chairman

Dr P Vijay Karan Reddy
Organising Secretary

Mr. Aluri Madhu Babu
+91 9959158222

Apollo Cancer Centre, Apollo Hospitals,
Jubilee Hills, Hyderabad - 500 096.
E-mail: aroicon2026@gmail.com

Professional Conference Organizer & Travel Manager

Mr. Thirupathi Atkapuram, CEM
Director – Operations & BD

Mr. Venkatesh G
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