

Registration Form



CURRENT CONCEPTS & PROTOCOLS IN THE MANAGEMENT OF MEDICAL EMERGENCIES

11th to 14th August 2010

Workshop **Conference** **Both**
(Tick whichever applicable)

1. Name :
2. Designation :
3. Institution :
4. Contact address :

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5. Mobile no. :

6. Email :

7. Payment Details : *(refer to brochure for details)*

Amount - Rs.....

Payment Method Cheque D/D

D/D /Cheque no.....

BankDated.....

8. Accommodation Required Not Required

** Kindly contact Rekha M J at 0484 - 2851234 # 8507 or by
email for further details regarding accommodation*

9. Name of participants for Medical Quiz

(for postgraduate students only)

1

2

Sign

Date :