National Clinical Cardiology Update 2011

Registration Form

Name:…… Age: …….. Gender……

Institution Name: ……

H.O.D Name: ……

Institution Address: ……

……

Residential Address: ……

……

……PIN Code: ……Tel(off)……

Mobile: …… Email ……

Registration Fee: Rs 1000.00 (IACC Members Only)
Rs 1500.00 (Others)

No Spot Registration, Last date for registration: 10-April-2011
Payments must be in Cash/ Demand Draft.
Demand Draft to be drawn in favour of "**SOCOMER KIMS**" payable at Trivandrum, and sent to the address mentioned below.

DD No: ……Amount ……Date……

Bank: …… Place of Issue ……

Address for Correspondence

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Organising Secretary
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