



**51st Workshop on
FOOTSTEPS IN E.N.T.**
(23rd & 24th Dec,2017)

Registration Form

Name:

Age: Sex: Contact No.....

E-mail id:

Address :.....

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Registration Fee: Rs. 900/- (Including 18% GST) **upto 15thDecember 2017 ; Spot Rs: 1200/-** (Including 18% GST) **Only.**
***Spot registration** subject to the availability.

Mode of Payment: At par payable Cheque / Wire Transfer / Demand Draft

Cancellation Policy: No Refund

* Cheques / DD's should be drawn in favor of MAA HOSPITALS PVT LTD. Payments should reach, MAA ENT Hospitals address before the last date.

**** For Wire Transfer:**

Account Name : **MAA HOSPITALS PVT LTD.**
Account No. : 00212020001035
Bank Name & Address : **HDFC BANK LTD,**
6-1-73, Ground & 3rd floor, Saeed Plaza,
Lakdikapool, Hyderabad - 500004, India.
SWIFT Code : HDFCINBB
NEFT/RTGS Code : HDFC0000021

Important: Kindly mention your name and place in the column narration if you are using Wire Transfer.

Kindly contact Organising Secretary by e-mail or phone in case of any query.

KINDLY REGISTER ME/US

Cheque/DD number _____

Wire transfer reference number _____

(Mention your Name & Place in the 'Narration' column)

Date _____ Amount in INR _____

In words _____

Your Bank Name _____

Branch _____ City _____

MODE OF PAYMENT: Cheques payable at par/Wire Transfer/Demand Drafts.
Cheques/DD's should be drawn in favor of **MAA HOSPITALS PVT LTD**