

52nd
Live Surgical Workshop on
COBLATION IN E.N.T.
&
USER'S MEET

(19th & 20th May, 2018)

Registration Form

Name:

Age: Sex: Contact No:

E-mail id:

Address:

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REGISTRATION FEES:

	Upto 10 th MAY 2018	After 10 th MAY 2018
Delegate Registration Fee only : (Inc All live surgical sessions)	RS. 5000	RS. 6000
Delegate Registration + 1 day single accommodation in 5 Star Hotel (Travel support from Hotel to Venue)	RS. 12000	RS. 13000

***Spot registration** subject to the availability.

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

Cancellation Policy: No Refund

* Cheques / DD's should be drawn in favour 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**