

Registration Form

Name
Address
MCI/State medical council reg no.
Email
Spouse / Companion
Children

Sex
Mobile No.
Age

The rates include two nights accommodation on twin occupancy, all meals from Friday Breakfast to Sunday Lunch, invitation to cocktails and dinner on 16th Dec and 17th Dec, 2011

| | |
|---------------------|---------------------------------------|
| Delegate | Rs. 9900/- |
| Student Delegate | Rs. 7900/- |
| Accompanying Person | Rs. 8900/- |
| Child (6-12 Years) | Rs. 5000/- |
| Extra night | Rs. 5500/- Per person including meals |

Cheques to be drawn in favor of 'INDIAN IMAGING ACADEMY' payable at Mumbai. Please add Rs 200/- for outstation cheques

For Student Delegates

This is to certify that Dr..... is a bonafide student of this institution.

Please mail your forms to

(Sign of HOD with seal)

Dr Anirudh Kohli
Dept. of Imaging,
Breach Candy Hospital,
60-A Bhulabhai Desai Road,
Mumbai-400026
INDIA
Tel 09819761414
Email: indianimagingacademy@gmail.com

Please enclose photocopy of Pan card / Passport/Driving License/Voter ID of Yourself and spouse/companion for security reasons.