

REGISTRATION FORM:

Name _____ Sex _____

Address _____

Email _____ Mobile No. _____

Spouse/Companion _____

Children _____ Age _____

The rates include two nights accommodation on twin occupancy, all meals from Friday Lunch to Sunday Lunch, invitation to cocktails and dinner on 18th Dec and 19th Dec, 2009

Delegate Rs 9500/-

Student Delegate Rs 6900/-

Accompanying Person Rs 8900/-

Child (6-12 Years) Rs 4400/-

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 you forms to _____ Head of Dept.

Dr Anirudh Kohli
Dept. of Imaging,
Breach Candy hospital,
60-A Bhulabhai Desai Road
Mumbai-400026
INDIA

Tel- 022 23667839
email- indianimagingacademy@gmail.com

Please enclose Xerox copy of Pan card/ Passport /Driving License / Voter Id Of Yourself and spouse/ companion for security reasons.