

REGISTRATION FORM:

Name _____ Sex _____

Address _____

E mail _____ Tel No _____

Spouse / Companion _____

Children _____ Age _____

The rates include two nights accommodation on twin occupancy, all meals from Friday lunch to Sunday brunch, invitation to cocktails and dinner on 20th August and 21st August 2010.

Delegate	Rs. 6500/-
Student Delegate	Rs. 4500/-
Accompanying person	Rs. 5500/-
Child between 6 and 12	Rs. 2500/-

Registration for workshop Yes / No. If yes specify workshop.

Extra night 19th (per person) Rs 2500 including meals.

Please inform arrival details for pick up from railway station / airport.

Cheques to be drawn in favor of "Indian Imaging Academy inc" payable at Mumbai. Please add Rs. 100 for outstation cheques.

For student delegates

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

Please mail your forms to

Dr. Anirudh Kohli.
Radiology Department.
Breach Candy Hospital
60 – A Bhulabhai Desai Road.
Mumbai – 400036
India.

Head of Department

Tel – 09819761414

Email – indianimagingacademy@gmail.com

Please enclose Xerox copy of Pan Card / Passport / Driving License / Voter ID card for check-in / security reasons.

Indian Imaging Academy

www.indianimagingacademy.com

Email: indianimagingacademy@gmail.com