

REGISTRATION FORM
"Vascular Imaging & Interventions"
July 2-3,2011

Name: _____

(first name)

(sur name)

Address: _____

City: _____ Pin: _____

Tel: _____ Fax: _____

Mobile: _____

E-mail :

Details of Payment:

Read "Registration Fees" before filling in amounts:

"Registration Cancel"
if Fee amount incorrect

Registration: 2 Days =Rs. _____

Registration: 1 Day-Date =Rs _____

DD/ "At Par" Cheque No. _____

Bank: _____ Date _____

Make all DD/At-Par Cheque in the name of
"EDURAD" payable at Mumbai.

(RESIDENTS TO ATTACH A LETTER FROM HEAD OF DEPT.)

Mail this form with payment to:

EDURAD
Eclat Polyclinic
Anil Villa, V P Road,
Vile Parle (W)
Mumbai 400 056

(XEROX COPY OF THIS FORM ACCEPTED)