

11th WORKSHOP on PHONOSURGERY

Registration Form

Name : _____

Speciality : ENT / SLP (circle appropriate) Postgraduate / Consultant

Hospital Attachment : _____

Address : _____

City _____ State _____ Pin _____

Country _____

Mobile : _____

Email ID : _____

Registration for : 15th / 16th 15th / 16th / 17th tick appropriate

Payment Details :

Amount ₹ : _____

DD/Cheque No. : _____ Date: / / 20

Bank : _____

Demand Draft / Cheque/ Multi City Cheques to be drawn in favour of
"Phonosurgery Workshops Trust" payable at Mumbai.

All Cheques /DD to be made in the name of

PHONOSURGERY WORKSHOPS TRUST

Mail to Course Director

Dr. Nerurkar

213, 2nd floor, Bombay Hospital,

12, New Marine Lines, Mumbai 400020

Maharashtra, India