

REGISTRATION FORM

Name : _____

Address : _____

Tel.:(O)_____ (R)_____

Mobile No.:_____

E-mail:_____

I want to register for "Phonosurgery Workshops" as
Consultant / Resident.

Please accept D.D. of Rs. _____

(No. _____, date _____.) drawn in favour of

"Phonosurgery Workshops" payable at Mumbai.

Please complete and return the form alongwith payment to

Dr. Nupur Kapoor Nerurkar

Course Director

Room No. 213, 2nd Floor, New wing, Bombay Hospital,
New Marine Lines, Mumbai - 400 020.

Tel.: 91-22-2206 7676 Extn. 777 • Moible : 98210 34085

Email : nupurkapoor@yahoo.com

Delegate Fee	Consultant	Resident
Day 1	Rs. 1300.00	Rs. 700.00
Rs 5000/- Additional for Cadaver Dissection.		

*Disclaimer***Organizers reserve the right to change or cancel the programme at the last moment.***REGISTRATION FORM**

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