



Theme: Discimus docendo: By teaching, we learn.

REGISTRATION FORM

(PLEASE FILL IN UPPER CASE) Fields marked* are mandatory

·	
Surname*:	First Name*:
Postal Address*:	
City*:	Pincode*:
State*: Country	*: PAN Card No.*:
Tel. (with area code): Residence:	Office:
Active E-mail ID*:	
All future communications will be through email and mob	pile via SMS.
Medical Council registration number*	
Accompanying person Name: 1	2
Preferred Room Partner (in case of twin sharing occupancy):	
Registration Type: 🗍 Indian	
Category: (Please ✓ mark in the box)	
Residential - Single Occupancy	Residential - Delegate with Accompanying Person
Delegates (Member)	Delegates (Member)
Nurses, Therapists & PG Students	Nurses, Therapists & PG Students
Residential - Twin Sharing Basis	
Delegates (Member) Nurses, Therapists & PG Students UG Students	
Non-Residential	
Delegate Nurses, Therapists & PG	Students UG Students Accompanying Person
Multicity Cheques or DD should be in the name of "Vama Events Pvt. Ltd" payable at Mumbai	
Account Name: VAMA EVENTS PVT LTD Account Number: 60393516994 IFSC No.: MAHB0000016	
Branch: Gadkari Chowk Branch, Mumbai 400028 MICR Code: 400014004 Account Type: Current	
Payment Details: Cheque / DD / UTR No	Dated
Bank	Amount

Please send the duly filled registration form along with DD / Cheque to: