



CME | Lysosomal Storage Disorders

Date: 18th & 19th May, 2018

Sanjeevi Auditorium, Voluntary Health Services
Rajiv Gandhi Salai, Taramani, Chennai - 600113



REGISTRATION FORM

- Please fill in all the details. Kindly type or write legibly in bold letters.
- The completed form and Demand Draft may be posted to the contact address given below.

DELEGATE'S FULL NAME:

MEDICAL COUNCIL REG. NO.:

ADDRESS:

CITY:

STATE:

ZIP/PINCODE:

COUNTRY:

PHONE (RES):

CLINIC:

EMAIL:

FAX:

Registration fee: Rs 600/-

Please note:

- Mode of Payment must be in Cash / Demand Draft
- Demand Draft should be made in favour of "Fetal Care Research Foundation" payable at Chennai.
- Registration limited to 150 Delegates only

Total Payment Enclosed

Bank Details

Beneficiary Name: Fetal Care Research Foundation
Bank Name: Karnataka Bank Pvt. Ltd.,
Branch Address: Cathedral Road Branch,
Chennai - 600 086

Account Number: 4642500101679101
Account Type: Savings Account
IFSC Code: KARB0000464
MICR No.: 600052006

D.D.No. / Date:

Signature of the delegate

Date

For office use only

DD recd. on Amount

DD No. & Date R. No. & Date

Issuing Bank Remarks

CONTACT

Fetal Care Research Foundation

18, Besant Road, Royapettah, (Near Shivaji Films) Chennai - 600014

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