

**REGISTRATION FORM**  
**National Hematology Update - VII**

**23rd - 24th February, 2008**

(Kindly type or write in capital)

Name: \_\_\_\_\_

M/F: \_\_\_\_\_

Specialization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ Pin \_\_\_\_\_

Tel. \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

(Kindly give your email id for easy communication)

**Crossed Demand Draft in favour of Hematology Education Research Society to be payable at Delhi sent along with the duly filled registration form to:**

**The Organizing Secretary  
National Haematology Update-VII  
Dept. of Haematology  
AIIMS, New Delhi – 110029**

**Draft details :**

**Amount : .....**

**Bank:.....**

**Date:.....**

**Number:.....**

(Please Photocopy for extra Registration)