



COMGAN



Registration Form

(FILL IN CAPITAL LETTERS)

Surname _____

First Name _____

Hospital / Organization _____

Mailing Address _____

Telephone (Off) _____ (Res) _____

Mobile _____

Email _____

Registration Fee

	Till 15 Jan 2007	Thereafter
Days 1-3	Rs. 1500	Rs. 2000
Days 2,3	Rs. 1000	Rs. 1500

Postgraduate Students : 50% concession

Payment details

Postgraduate Students: Yes / No

Cheque / Draft No. _____ dated _____

Drawn on _____

Branch _____

Cheque / demand draft should be payable to **Pediatric Nephrology Training Course** at New Delhi. Kindly add Rs. 25 for outstation cheques.