

1st Live surgery and Cadaveric Hands on Workshop on Minimal Access Spinal Surgery

REGISTRATION FORM

I wish to participate in the

'1st Live surgery and Cadaveric Hands on Workshop on Minimal Access Spinal Surgery'

Name : _____

Title : _____

Position : _____

Discipline : _____

Street : _____

ZIP code : _____

Town/City : _____

Country : _____

Telephone : Office _____

Mobile _____

Email : _____

Cheque / DD details : _____

Date : _____

Signature : _____

The payment can be made with cheque or Demand drafts to be made in favour of "JPNATC-WSE 2009" and sent to the following address-

SUMMIT - Alpcord Network

A - 422 / 423, Somdutt Chamber - 1,
Bhikaji Cama Place, New Delhi, India -110066
Phone: +91-11-26165026, 41658517, 41658917

Please email the registration form to sumitjpnatc.wse2009@gmail.com