



## **REGISTRATION FORM**

### **“Medicine Update 2010”**

(Kindly fill this form and return to the address below)

I would like to attend the “Medicine Update 2010” being organized by the Department of Medicine, All India Institute of Medical Sciences, in association with Associations of Physicians of India (API) Delhi State Chapter on 8<sup>th</sup> August 2010 at the JLN Auditorium, AIIMS, New Delhi from 10.00 AM to 6.00 PM. Kindly register me for the same.

Name..... API No. (If present).....

Address.....  
.....

Phone: (Res).....(Clinic).....(Mobile).....

Email.....

### **Organizing Secretary**

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