REGISTRATION FORM

2nd International Symposium and 8th Annual Conference of Indian Society of Neuroanaesthesiology and Critical Care

9th - 11th February, 2007

Name: .....

Organization / Institute: ..... Position: .....

Postal Address: .....

City: ..... State: ..... Pin: .....

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Tel. (Hosp.) ..... Resi.: ..... Mob.: .....

Whether Member of ISNACC: [ ] Yes [ ] No If Yes, Membership No.: .....

Whether Presenting Poster : [ ] Yes [ ] No Topic: .....

Details of amount remitted:

1. Registration fee : Rs: .....
2. Accompanying Guest : Rs: .....

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In favour of **"ISNACC-2007"** Payable at New Delhi.

Skill Stations:

A) C-Spine for Neuro-anaesthesiologist B) Transcranial Doppler C) Trigeminal Nerve Block

D) Intracranial Pressure Monitoring E) TEE

Please post duly filled registration form to:

Dr. P K. Bithal, Org. Secretary,

Room No. 711, Department of Neuroanaesthesiology, CN Centre,

All India Institute of Medical Sciences, Ansari Nagar, New Delhi-110029

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