

INTERNATIONAL CME ON RENAL PATHOLOGY

March 14-16, 2005

Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow, India

REGISTRATION FORM

First Name.....Last Name.....
M/F
Designation.....
Delegate/ PG StudentInstitution.....

Address for Correspondence

Address.....
City..... PIN Code.....
State.....
Tel No / Cell No.
Fax No
Email

Food Preference Veg / NonVeg.....

Accommodation

Category: Single/ Double..... From date To date
No of nights stay

Payment Details

Registration Fee
Hotel Tariff
Accommodation Handling charges

Total Amount

Toal amount (in Words).....

Draft No.....DateBank

Payments to be made by crossed D/D in favor of "CME RENAL PATHOLOGY" payable at Lucknow.

Signature