

# CME on The Thalassaemia Syndromes

February 17<sup>th</sup>, 2008 PGIMER, Chandigarh

## Registration Form

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Designation / Professional Status: \_\_\_\_\_

Institute / Hospital / Company: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Postal / Zip Code \_\_\_\_\_

Country \_\_\_\_\_ E-mail address \_\_\_\_\_

Phone: *(Please include Country and Local Code)*

(Office): \_\_\_\_\_ (Res ) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Fax: \_\_\_\_\_ *(Please include Country and Local Code)*

<b>REGISTRATION</b>	<b>Early registration till 31.12.07</b>	<b>After 1.1.08</b>
<b>Delegates</b> Indian	Rs 750	Rs 1,000
Overseas	USD 75	USD 100
<b>Students</b> Indian	Rs 500	Rs 750
Overseas	USD 40	USD 50

Student

Delegate

### ACCOMMODATION:

Required

Not required

If yes, please add one day accommodation charges to the Registration fee.

### Type of Accommodation:

Hotel

Single / Double

Guest House

Hostel

Please find enclosed a Demand Draft/Cheque (No. \_\_\_\_\_ Dated \_\_\_\_\_) in favour of *Medical Genetics Chd 2008* payable at Chandigarh, India, towards the Registration Fee / Accommodation / Both for participation in the *CME on The Thalassaemia Syndromes* on 17<sup>th</sup>, February 2008.

Date:

Signature

For Office use only: Receipt No .....Date.....Reg. No.....