



INTERVENTIONAL RADIOLOGY CME AND WORKSHOP - 2017



(NAMS in collaboration with Delhi State Chapter of ISVIR)

Date: 5th February 2017

Venue: Smt. Kamla Raheja Auditorium, National Academy of Medical Sciences, New Delhi

REGISTRATION FORM

Name: _____ Designation _____

Address : _____

City _____ State _____ Pin Code _____ Country _____

Place of Work _____

Mobile _____ Office Tel. _____ E-mail _____

REGISTRATION FEES

| CATEGORY | Up to Till 31 st January 2017 | After 31st January 2017 / Spot Registration (Cash Only) |
|--------------------------------|--|--|
| | Amount | Amount |
| Consultant | 800/- | 1,000/- |
| PG Students / Senior Residents | 500/- | 1,000/- |

NOTE: Please make Demand Draft or Cheque in favour of “**ISVIR DELHI BRANCH**”, payable at New Delhi and submit by hand or courier to conference secretariat office (either of these given below).

Demand Draft No. _____ Dated _____ Bank _____

Amount (Rs.) _____ Amount in Words _____

CONFERENCE SECRETARIAT

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