

13th WORKSHOP on PHONOSURGERY

23rd to 25th August 2019

Registration Form

Name : _____

Speciality : ENT / SLP Postgraduate / Consultant

Hospital Attachment : _____

Address : _____

City _____ State _____ Pin _____

Country _____

Mobile : _____

Email ID : _____

Medical Council No. : _____

Registration for : Conference (23rd, 24th & 25th Aug 9 am to 12 pm)

Conference + Hands on Cadaver Dissection
(23rd, 24th & 25th Aug. 09 am to 05 pm)

Payment Details : _____

Amount : _____

DD/Cheque No. : _____ Date : / / 2019

Bank : _____

**Demand Draft / Cheque / Multi City Cheques to be drawn in favour of
"Phonosurgery Workshops Trust" payable at Mumbai.**

All Cheques / DD to be made in the name of

PHONOSURGERY WORKSHOPS TRUST

Mail to Conference Secretarial

Dr. Nupur Kapoor Nerurkar.

Voice & Swallowing Center, 2nd Floor, MRC Wing, 12 New Marine Lines,
Bombay Hospital, Mumbai 400 020, INDIA. Email : nupurkapoor@yahoo.com