



Registration Form

Handholding Workshop on Patient Safety

12 - 13th April 2013

Auditorium, Indraprastha Apollo Hospitals, New Delhi

Name of the Hospital: _____

Bed Strength: _____ beds

Address: _____

Contact information:

Name: _____

Designation: _____

Contact number: _____

E mail ID: _____

Participants:

S. No	Name	Designation	Contact number	Email ID
1				
2				
3				
4				
5				

Payment details:

Cheque / draft number: _____

Bank: _____

Please send the filled registration form to Dr Shaveta Dewan at patientsafetyworkshop@gmail.com