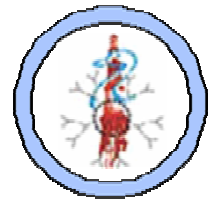




Rheumatology Update 2009



Registration form

Prefix (Dr/Prof/Mr./Ms.)	
Name: First	
Name: Middle	
Name: Last	
Sex:	
Designation	
Institute Address	
City	
State	
Pin	
Residential Address	
City	
State	
Pin	
E-Mail	
Phone	
Mobile	
Registration Fee Rs 200/-	
Draft / Cheque No in favor of Rheumatology Update 2009 payable at New Delhi	
Dated	
Draft Issued by Bank	

I wish to register for the Update 2009. All the information given above are true to best of my belief.

Signature:

Please send the hard copy of the filled registration form with demand draft / cheque to the following address, and also send the soft copy as attachment to e-mail: rheumatologyupdate2009@gmail.com

Your registration will be confirmed after receiving the draft.

Last date to submit the form is 15th Feb 2009.

SECRETARIAT

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