

3RD

International Healthcare Quality Conclave

Registration Form

Delegate

Date ___/___/___

TITLE (Prof. / Dr. / Mr./Mrs./Ms.) _____

FIRSTNAME _____ MIDDLE NAME _____ FAMILY NAME _____

DESIGNATION _____

COMPANY/ORGANIZATION _____

MAILING ADDRESS _____ Pin/Zip Code _____

CITY _____ COUNTRY _____

(PASSPORT NO.-For Foreign Delegates Only) _____

TELEPHONE (IF ANY) _____ OFFICE _____

EMAIL _____

ACCOMPANYING PERSON

(NAME) _____

Mode of Payments:

Bank Draft / Cheque

Bank draft in US\$ or Indian Rupee
to be made in favor of "IHCQF" and
send it at Conference Secretariat,

Instructions

- Registration after 15th July 2010 would be considered spot registration
- Limited seats are available for the students, will be provided on first come first serve basis.
- Students are requested to attach a Bonafide Certificate from the Institution.
- No separate Registration for post conference workshop alone.
- The registration form can be faxed at: 0124-4546200,
- You may Register online by visiting the www.eventsat-ihcqf.com
- You may also send the registration form with draft / pay order at the Conference Secretariat.

For further details contact

Mr. Nawal Anand; Mobile: +91-9871742111, email: nawalanand@hotmail.com

Ms. Deeksha Khurana; Mobile: +91-9718751901 email: deeksha@astronhealthcare.com

Mr. Abhishek Nirwal; Mobile: +91-99716311147 email: abhishek.nirwal@yahoo.com

Ms. Shaifali Singh; Mobile: +91-9673588725 email: physioshaifali@gmail.com

Website: www.eventsatihcqf.com / www.astronhealthcare.com