

The Sensation Method in Practice

6th to 8th Feb.2009

REGISTRATION FORM

Please Type/Fill in Block Letters

Name:

Dr.....
Last Name First Name Middle Name

Qualification:.....

Status: Student Intern Doctor

Mailing Address:.....

City:.....State.....

Pincode:.....Mobile:.....

Phone(H):.....Phone(Clinic):.....

Fax:.....E-mail.....

Payment Declaration:

I am herewith enclosing a D.D./Local Cheque No.....

Dated.....Drawn on.....

(Cheques/D.D. must be payable in Mumbai)

Branch.....for Rs.....

(Rupees.....)

in favour of "Bombay Workshop 2002" Payable at Mumbai.

Date.....Sign.....

Send to:

Bombay Workshop 2002, F/2, Saraswat Colony, Saraswati Road
Ext., Anusuya Road,Off Niwas Path, Lane,Opp. To HDFC Bank,
Linking Road,Santacruz (W), Mumbai- 400 054

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Please preserve photocopy for your records.