

ISRM 2020

20th-22nd March 2020

15th Biennial Conference of The Indian Society
For Reconstructive Microsurgery
20-22 March, 2020
Venue: Hotel Radisson Blu, Amritsar.

REGISTRATION FORM

Full Name: Ms/Mr/Dr./Prof.:.....

Gener: Male / Female:-

Position: A) Consultant B) Trainee (Attach Certificate)

Hospital/Institute:-

Postal Address:

City: Pincode:

State:- Country:-

Email (mandatory):

Mobile (mandatory) :(Including Country code)

Medical Council Registration number:State.....

ISRM member: (Y/N)

Type of Registration Package selected:

Hotel Check in date: Check out date:.....

Name of preferred room partner (for twin sharing)	Name of accompanying person:

Please find enclosed herewith a demand Draft/Cheque/Cash_____Payable at Amritsar dated_____
DRAWN ON (Bank's Name) _____ in favour of "AMANDEEP EDUCATIONAL SOCIETY"
A/c. No. 50200003081342, Bank Name: HDFC Bank (IFSC Code: HDFC0000115), The Mall, Amritsar.

The Draft/cheque should be sent to the following address.

CONFERENCE SECRETARIAT

DR. RAVI KUMAR MAHAJAN

Department of Plastic Surgery

Amandeep Hospital, Model Town, G.T. Road, Amritsar.

Ph.: 09988106272, 09417394400, Fax:- 0183-2223188

E-mail:- isrm2020amritsar@gmail.com, Website:- www.amandeephospital.org