



Endolife 2017

GYNAEC ENDOSCOPY CONFERENCE

2017 April 7 - 8 & 9, Green Valley Convention Centre, Adoor, Kerala

Registration Form

FULL NAME OF DELEGATE :

DESIGNATION : TCMC REG: NO:

INSTITUTE :

ADDRESS :

CITY : STATE :

ZIP/PIN : COUNTRY :

E-MAIL :

PHONE (Res) : PHONE (Work) : PHONE (Mob) :

If you select twin sharing option, enter the name of the person you wish to share your room with. (The person whose name you are entering should be a registered delegate & should also select the same category of registration.)

Name of Person Sharing with :

DD/A/c payee multi city cheque should be drawn in favour of "LIFELINE"

Pre Congress Workshop (If yes please tick)

PAYMENT DETAILS : I am enclosing a D.D / Cheque No. _____ dated ___ / ___ / ___
drawn on _____ payable at Kerala for INR
(in figure) _____ (in words) _____.

Place :

Date:

Signature

Payment can be remitted thru' Netbanking/NEFT.

Details:

Name: LIFELINE, A/C No: 10540200008715

IFSC: FDRL0001054, Federal Bank, Kayamkulam

Address for Correspondence

Endolife 2017, Lifeline Super Speciality Hospital

14th Mile, Melood P.O, Adoor, Pathanamthitta, Kerala - 691 523, +91 82812 64784, +91 94956 61589, +91 99618 88583

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