

Registration Fee : Delegate : 1000/- PG Student : 500/-

Kovai Medical Center & Hospital TIP - 2009

REGISTRATION FORM

Name :

Designation :

Speciality :

Address :

Phone : Mobile

E-mail :

Delegate's Registration Fee : Rs.....

PG Student's Registration Fee : Rs.....

**Please Note : Registration available for 250 Delegates only.
Kindly Register early.**

Conference Fee can be remitted as crossed DD in favour of
Kovai Medical Center & Hospital and to be sent to :

The Conference Secretariat, TIP - 2009, Kovai Medical Center and Hospital,
Avanashi Road, Coimbatore - 641 014, Tamilnadu, India

DD Number : Banker's Name & Place :

Date : Signature :

To

The Conference Secretariat
N. Gunaseelan Pillai

TIP - 2009

Kovai Medical Center and Hospital

Avanashi Road, Coimbatore - 641 014.

Ph : 0422 4323944, 4323636

Mobile : S. Jaya - 90470 29257, Sudhakar - 98947 50007

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