

MID TERM MEETING VSI
(ENDOVASCULAR OPTIONS - THE WAY FORWARD)
22/23 AUG 2009- GOA INTERNATIONAL CENTRE DONA PAULA, GOA

REGISTRATION FORM

Name Dr. _____

Age/Sex :

Qualification:

Specialty- Vascular Surgery/
Cardiology/Radiology

Present Appointment:

Whether member of VSI – Yes/ No

Postal Address:

Pin Code:

Tele - Clinic:

Residence:

Mob:

Email :

I want to register for the mid term meeting in the following category:
(please tick mark the choice)

- (a) Rs 3000 : Accommodation on twin sharing basis
- (b) Rs 5000 : Single Room Accommodation
- (c) Rs 2000 : Local Delegates
- (d) Rs 2500 : DNB/MCh Vascular Surgery Residents
- (e) Rs 5000 : Spot registration on twin sharing.

Cancellation fee – 75% after 07 Aug 2009.

I am enclosing a Demand Draft of Rs _____, DD No. _____,
Bank _____

(Rupees

Only) favoring

'Vascular Society of India' payable at 'New Delhi'.

(Signature of the Doctor)