



# Best of ASH-2016 & 21<sup>st</sup> Annual CME in Hematology

Thurs-Sat, 19th - 21st Jan, 2017

Hotel ITC Grand Central, Parel, Mumbai, India

## Registration form

(Kindly type or write in capital)

Date : \_\_\_\_\_

Title:  Dr /  Prof /  Mr /  Mrs /  Ms

Name

\_\_\_\_\_ (As it should appear on your badge and certificate)

Qualifications

Age

Sex

Male /

Female

Speciality

Designation

Affiliation

Address for correspondence

City \_\_\_\_\_ Pin \_\_\_\_\_ State \_\_\_\_\_

Mobile (mandatory)

E-mail (mandatory)

Payment details	Amount (₹)
Registration	
Accommodation	
<b>Total</b>	

- Note:**
- All payments are to be made in favour of : **Mumbai Hematology Group**
  - Please mention your Name, City and Mobile No. on the backside of Cheque / DD
  - Confirmation e-mail will be sent after realization of the Cheque / DD
  - The official receipt of the registration will be handed over to you at the registration desk during the conference
  - **Refunds** will be up to 50% of the amount paid only on request received up to 15th of December 2016. These will be paid one month after the event is over.

**Cheque / DD Details:**

Cheque / DD Number: \_\_\_\_\_

Dated: \_\_\_\_\_

Drawee Bank & Branch: \_\_\_\_\_

**Address for sending all payments:**

Dr. M.B. Agarwal, Course coordinator, Best of ASH-2016

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Event Manager



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