



WODECON 2019

30th - 31st March 2019, Eros Hotel, Nehru Place, New Delhi

1st National Conference of Indian Women's Dermatologic Association (IWDA)

Organized by IWDA

REGISTRATION FORM

Name (in block letters): _____

Gender (M/F): ____ Date of birth (dd/mm/yyyy): _____ Nationality: _____

Speciality: Dermatology/ Other (please specify)

Address (Residence): _____

Address (Hospital/Clinic): _____

Address (Correspondence): _____

Phone numbers: Mobile: _____ Office: _____ Res: _____

E Mail id: _____

IADVL Membership No: LM _____ / PLM _____ ; Medical Registration No: _____

Member of WDS? YES / NO

Mode of Payment: Cash/Cheque/Demand Draft/Bank Transfer

Cheque/Demand Draft No. : _____ (favour of '**Indian Women's Dermatologic Association**'). To be sent along with a completely filled form to the address:

Dr Sonali Langar

Organising Secretary, WODECON 2019

6A, Nilgiri III, Sector 34

Noida, Uttar Pradesh - 201301

Mob. No: +91 9810334983

Bank Transfer: The filled form to be emailed to '**indianwomensderm@gmail.com**' along with details of bank transfer

Details:

Account No.: 90682010134170

IFSC Code: SYNB0009068

Bank Name & Address: Syndicate Bank, MAMC, New Delhi