

REGISTRATION FORM(LTMGH Fracture Fixation Course)

Dear Dr Deepak Joshi,

Please register me for the **19th Annual LTMGH Fracture Fixation Course** to be held in LTMG Hospital from 7th to 9th October.

I would like to register for the (Choose one)

Basic Course **Advanced Course**
(Please fill all in BLOCK Letters only)

First Name: _____

Middle Name: _____

Last Name: _____

Address: _____

Qualification: _____ (Advanced Course Delegates)

Institution: _____

Present Post: _____

Telephone No: _____ (landline); _____ (Mob)

E-mail ID : _____

Enclosed DD/cheque No : _____ dated : _____

Drawn on Bank : _____

DD/Cheques drawn on Mumbai banks should be made payable to **“SION ORTHO WORKSHOP-2011”**

Course fees :

Basic Rs. 2,500/- (Two Thousand Five Hundred Only)

Advanced : Rs 3,000 /-(Three Thousand Only)

Mail to : Dr. Deepak Joshi, Organising Secretary, Dept. of Orthopaedics, Suit 110, 1st floor college building. LTMG Hospital, Sion. Mumbai- 400022.

Telephone No : 09619688847 Office : 022-24079215