

REGISTRATION FORM



Golden Jubilee Conference
of
Indian Society of Hematology & Transfusion Medicine
19-22 November 2009



19 November: Pre-conference CME & Workshops
Department of Hematology
All India Institute of Medical Sciences, New Delhi

(Kindly type or write in capital)

Name _____

M/F _____

Specialization _____

Mailing Address _____

City _____ Pin: _____

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(Kindly give your email id & mobile no. for easy communication)

Crossed Demand Draft in favour of '**ISHTM GOLDCON 2009**' to be payable at Delhi should be sent along with the duly filled registration form to:

The Organizing Secretary
Golden Jubilee Conference- Indian Society of Hematology
& Transfusion Medicine-2009
Department of Hematology, AIIMS
New Delhi-110029

Draft details :

Amount :

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Date :

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Details Conference

Workshop

(Please Photocopy for extra Registration)