

## **REGISTRATION FORM**

## ONE WEEK TRANSPLANT COORDINATORS' TRAINING PROGRAMME

	April 12 <sup>th</sup> -16 <sup>th</sup> , 2016, NEW DELHI	
Name (as in the name tag):		
Designation:		
Institution/Hospital:		
Address:		
City:	Pin Code:	
State:		
Telephone:	Mobile No:	
E-mail Id:		
	WORKSHOP TARIFF*	
Registration Fees	6000/-*	
*The above mentioned fee inclu	udes delegate kit, lunch and refreshments.	
	PAYMENT DETAILS	
Cheque / DD No.:		
Bank:	Branch:	
Date:	Amount (Rs):	
Signature:	Date:	
<ul> <li>It should be sent along wi</li> </ul>	n in favour of "MOHAN Foundation" payable at Gurgaon. th the hard copy of Registration Form to the following address. sidential training programme. Out Station participants will have	

Ms. Mareena Thomas, Programme Officer (Delhi – NCR),

**MOHAN Foundation** 

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own stay arrangements

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