



REGISTRATION FORM

ONE WEEK TRANSPLANT COORDINATORS' TRAINING PROGRAMME

**April 1st – 5th, 2014,
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	5000/-
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*The above mentioned fee includes delegate kit, lunch and refreshments.

PAYMENT DETAILS

Cheque / DD No.: _____

Bank: _____ Branch: _____

Date: _____ Amount (Rs): _____

Signature: _____ Date: _____

Please Note:

- Cheque/DD is to be drawn in favour of **"MOHAN Foundation"** payable at Gurgaon.
- It should be sent along with the hard copy of Registration Form to the following address.
- This workshop is a non-residential training programme.
Out Station participants will have to make their own stay arrangements

Dr. Sourabh Sharma, Transplant Co-ordinator (Delhi – NCR), MOHAN Foundation
284 F, Block B, Sushant Lok-I, Gurgaon – 122002
Phone: 0124-4115211, Mobile: 8527550989, 09971719782
sourabh@mohanfoundation.org, amit@mohanfoundation.org