

REGISTRATION FORM (Please do photocopy if needed)

Name : _____
Designation : _____
Department : _____
Institute : _____
Postal Address : _____

Telephone No. : _____ Mobile _____ No.: _____
e-mail : _____

REGISTRATION DETAIL

Program	Registration Fees (Upto 31st August 2011)	Spot Registration
Workshop 1 (IQC, Method and Equipment Validation)	Rs. 2500	–
Workshop 2 (Quality assurance in anti-microbial sensitivity testing)	Rs 1500	–
CME Consultants	Rs. 1000	Rs. 2500
PG Students & Technicians	Rs.0750	Rs. 2000

I am enclosing a Demand Draft No. _____, Bank _____, dated _____, for Rs. _____, drawn in favour of "CME Quality Improvement Plan 2011", payable at Karamsad, Anand towards Registration fees.

Please note:

- The entry to the workshop is limited to 30 delegates. An attempt shall be made to ensure participation from various Institutes and Laboratories. Registration for Workshop shall be confirmed telephonically, and refund if required, shall be made.
- CME registration is a must with the Workshop.
- PG Students are requested to attach certificate from Head of the Department.
- Accommodation will be provided to the outstation delegates on request. Kindly call respective hotel for accommodation for information and booking.
- Please post your registration at the following address:
Dr. Monica Gupta,
Organizing Secretary,
Workshop and CME, QA & QIP in Laboratory
Head, CDL,
Shree Krishna Hospital, Karamsad, Gokal Nagar, Karamsad, Gujarat – 388 325.
- For further details and registration please contact at qualitycme2011@charutarhealth.org
- For updated information visit our web site www.charutarhealth.org