

INTERNATIONAL WORKSHOP SERIES

DM WIMS Institute of Emergency Medicine & Dr. Moopen's Academy

Presents

ADVANCED AIRWAY MANAGEMENT

DM WIMS Medical College & Hospital - Wayanad

17th January -2016



Registration Form

Registration No:.....Receipt No:.....(For Official use only)

Personal Details (please fill in CAPITAL LETTERS)

Title: Dr. Mr. Ms. Mrs. Gender: Male Female

Full Name:.....

Nationality:.....

Address :.....

City:.....State/ Country:.....Zip Code:.....

Email ID:.....

Organization/ Company:.....

.....Designation:.....

Mobile:.....Telephone:.....Fax:.....

Modes of payment

Cheque/ Demand draft in favour of "EMCME2010" payable at calicut.

Cheque/ DD No:.....Amount:.....Dated.....

Bank:.....

For more details please contact us at:

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