



**MIMS INSTITUTE OF EMERGENCY MEDICINE  
Aster DM Healthcare**

Presents  
**INTERNATIONAL WORKSHOP SERIES-11**  
*"Ultrasound care for Nurses workshop"*  
**3<sup>rd</sup> September 2016**  
**Calicut. Kerala**

**Registration form**

Registration No: ..... Receipt No: ..... (for official use only)

**Personal details**

Please fill in capital letters only

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

Full Name: .....

Nationality: .....

Address: .....

.....

City: ..... State: .....

Pin / Zip Code: ..... Country: .....

Mobile No: ..... Telephone No: ..... Fax: .....

Organization / Company: .....

Designation: .....

Email ID: .....

**Modes of Payment**

Cheque / Demand Draft in favour of "EMCME 2010" payable at Calicut

Cheque / DD No:

Dated:

Amount::

Bank:

Signature

For more details, please contact us at:

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