

REGISTRATION

Last Name / Initial.....First Name.....

Sex.....DOB.....ISOT Membership No.....

Hospital Name..... Hospital Address.....

Post Code/Zip Code:..... City.....Country.....

Contact Details (Preferred mailing address):.....

Post Code/Zip Code:..... City.....Country.....

Telephone (+country + city code +):.....Mobile No:.....

Email:.....

Tick if using : Whatsapp Twitter Facebook

Speciality : Nephrology / Urology / Transplant Surgeon / Hepatology / Cardiac – Lung Transplant / Reconstructive Transplant Surgeons / Post-graduate / paramedical / Transplant Coordinator / Critical Care / Administration

Accompanying Person (s)

Name..... DOB..... Sex – M/F Relationship.....

Name..... DOB..... Sex – M/F Relationship.....

REGISTRATION FEE

Category	Normal	Spot
Members – ISOT	₹ 2000	₹ 3000
Non-members	₹ 2500	₹ 3500
Accompanying person	₹ 1500	₹ 2000
Non Doctor	₹ 1500	₹ 2500

Mode of Payment: Cheque Demand Draft

In Favour of **TRANSPLANT UPDATE** payable at Chennai

Cheque (Name of Bank):..... Date:..... Cheque No:

Demand Draft (Name of Bank): Date:..... Draft No:

For Bank Transfer (NEFT/RTGS)

Account Name: TRANSPLANT UPDATE

Account Number: 048700101012916

Signature:

Account Type: SB Account / RTGS/IFSC CODE: CORP0000487

Bank & Branch: Corporation Bank, Anna Nagar East Branch, Chennai - 600040

Complete this form & send with payment to Conference Secretariat

SECRETARIAT FOR TRANSPLANT UPDATE,

C/o. MOHAN Foundation, 3rd Floor, Toshniwal Building, 267, Kilpauk Garden Road

Chennai - 600 010 India. Tel: 91-44-26447000 / +91 7708668830 / +919677202908

Email: txupdate2017@gmail.com | www.txupdate.co.in

Please do not write below this line

Name.....Cash or Bank Draft / Bank Transfer (₹ /\$).....

Received by.....Signature.....