



# SOCIETY OF WOUND CARE AND RESEARCH

## "WOUNDCARECON 2018" 12TH ANNUAL NATIONAL CONFERENCE 21-23, Sept 2018.

### REGISTRATION FORM

Prefix:  Doctor  Prof.

Full Name: .....

Gender:  Male  Female

Professional qualification: .....

State Medical Council Reg. number: .....

Speciality: ..... Designation: .....

Name of the Institution: .....

Address: .....

.....

City: ..... State: ..... Pin code: .....

Mobile: ..... Email: .....

**Accompanying Persons:**  yes  no

**Hotel Preference:**  Moti Mahal  BMS Occupancy:  Single  Double

Hotel Check in Date: ..... Number of Nights : .....

**Details of Payment:** (For details about Conference fees refer Page 4)

(Please send only the registration fees. Hotel bill to be settled directly. Do not include any advance payment for hotel with the registration fee)

**Registration Type:**  Consultant  PG Student  Combo  Nurses. **TOTAL:** Rs. ....

I have made online payment / NEFT Transfer / enclosed Cheque No.....

Bank Name: ..... Branch: .....

Transaction No.: ..... Rs. .... Date .....

Signature of the Delegate