

35th ANNUAL CONFERENCE of RSSDI
RSSDI 2007
(23rd, 24th, 25th November 2007),
Science City, Kolkata

REGISTRATION FORM

Prof Dr Mr Ms

Membership No.

Name: First Middle Last

Designation Department

Name of Hospital / Institution

Address

City State Pin Code

Tel Res.(area code) Fax

Mobile E mail id

Meal preference : Veg Non Veg

Name of accompanying person (s)

1.

2.

Payment by Demand Draft/ 'payable at par' Cheque only

Enclosed Demand Draft/Cheque No for Rs.

Dated .../... /2007. Drawn on Bank Branch

- DD/Payable at par Cheque in favour of '**RSSDI 2007**' payable at Kolkata.
- Please write your name on the reverse side of the DD & Cheque

NB: All disputes would be under the jurisdiction of the High Court, Kolkata