



DERMACON 2008
Registration Form
 Please print/write in capital letters



Name:
 (As it should appear on the badge)

Age: Sex M F

Delegate Post graduate Corporate

Foreign Non Member SARAD

Address:

..... Pin

TeLNo.(R)..... (0)..... Mobile.....

Email:

IADVL Membership No.....

(Post Graduates to attach endorsement from HOD.)

Co-delegates *

Name: 1..... Age* 1.....

2..... 2.....

3..... 3.....

* Above three years

Payment Details

CME Rs.

Conference Rs.

Co-delegates Rs.

Total Rs.

Dem and Draft in favour of "DERMACON 2008" payable at Chandigarh

For Rupees: (in words).....

D D No..... Drawn on.....

Dated is enclosed.

Signature:

Date:

Please write Name, Address and Contact number on the back of D.D

Send completed forms along with D.D. to:

Dr A. J. Kanwar

Organizing Secretary DERMACON 2008

Department of Dermatology

Postgraduate Institute of Medical Association and Research

Chandigarh. 160012

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