

BRACE 2013
PAEDIATRIC IMAGING - "PINNACLE OF IMAGING"
REGISTRATION FORM

NAME _____

INSTITUTE _____

ADDRESS _____

CITY _____ STATE _____

PINCODE _____

E MAIL _____

TELEPHONE _____

PAYMENT DETAILS	BEFORE JUNE 30 TH	AFTER JULY 1 ST	SPOT (cash/dd)
CONSULTANTS	Rs.4,000	Rs.4,500	Rs.5,000
POST GRADUATE STUDENTS	Rs.3,500	Rs.4,000	Rs.4,500

Demand draft / cheque no	Date	For Rs	Name of Bank

Payment Particulars : DD/Cheque to be made in favour of 'BRACE" payable at Chennai and send to Prof. Dr. K. MALATHY, Secretary, Brace 2013, Barnard Institute of Radiology, Rajiv Gandhi Government General Hospital Chennai - 600 003.

Please add Rs. 50/- for outstation cheques

SIGNATURE