

CME cum Workshop on *Allergy & Autoimmunity*

Registration Form

Prof/Dr/Mr/Ms _____

Age _____ Sex _____

Degree (MBBS/MD/PHD/MSc/Other) _____

Additional Qualification, if any _____

Present Position _____

Institute/Hospital _____

Address for correspondence _____

City _____ State _____ Pin _____

Country _____

Tel _____ Email _____

Registration for _____ Only CME _____ Only Workshop _____ Both CME & Workshop _____

Write in brief your reasons for participation & how the CME & workshop will be useful to you?

Free registration! Workshop registration is only for first 25 delegates

Please mail scanned copy of duly filled form to: cmeandworkshop2018@gmail.com or send by post to:
Organising Secretary,
CME & Workshop on Allergy & Autoimmune disorders,
Room no. 128, Department of Immunopathology, 4th Floor, Research Block A, PGIMER, Chandigarh 160012
Phone: 7087008089; 8437220033.

For office use

Registration Number _____

Application accepted/not accepted _____

Reason for rejection _____