



REGISTRATION FORM

6th Kolkata Liver Meeting
December 1 - 3, 2016

Registration No : Receipt No:

PERSONAL DETAILS :

(Please fill in CAPITAL LETTERS only)

Title : Dr. Prof.

Delegate First Name :

Surname :

Age : Sex : Mailing Address :

City : State/Country : Pin Code :

Phone Nos: Office : Mobile :

Residence : Email Id :

Hospital / Institute Name :

Designation :

REGISTRATION DETAILS :

Registration Fee :

Faculty : Rs. 2000/-

Students : Rs. 1000/-

MODE OF PAYMENT :

Payments to be made by Cash or Demand Draft only.

Demand Draft in favour of "**Liver Foundation, West Bengal**", payable at Kolkata.

Demand Draft No : Amount : Date :

Bank Details :

Duly filled registration form along with DD to be sent by Registered Post / Courier to the conference secretariat.

Conference Secretariat :

Liver Foundation, West Bengal, 12, Dr. M. Ishaque Road, (Kyd Street), Kolkata - 700 016.

Phone No : 033-2226-4675, e-mail : livermeeting.iilds@gmail.com

www.liverfoundation.in