

# REGISTRATION FORM

7th Kolkata Liver Meeting  
December 6<sup>th</sup> – 8<sup>th</sup> , 2018

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 Fees :

Delegate : Rs. 2000/-

DM/DNB 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 : ...../.....2018

Bank Details : .....

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

**Last date of submission of registration form is November 20th, 2018.**

*Conference Secretariat :*

**Liver Foundation, West Bengal,**

Chatterjee International Centre, 33A, Jawaharlal Nehru Road, 16th Floor, Room No. 12, Kolkata 700 071.

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