

12th Hands on Course in Evaluation & Management of Swallowing Disorders



Registration Form

COURSE DETAILS

Venue:	Vasant & Nirmal Oswal Centre for Post Graduate Training, 14th Floor Superspeciality Wing, Deenanath Mangeshkar Hospital & Research Centre, Erandwane, Pune – 411004 23 February 2024 INR. 6500 + 18% GST (\$ 85 + 18% GST) for Practicing ENT Surgeons			
Date:				
Fee:				
PERSONAL	DETAILS			
Name:				
Title (Degree):		Registration Number:		
Address:				
		Postal Code:	Postal Code:	
Date of Birth:		Daytime Telephone:		
Mobile No:		E-mail Id:		
Are there any	y other requirements that you would	ld like to make us aware	e of?	
Do you requi	re information about local accomm	nodation? Yes / No		
PRESENT A	PPOINTMENT			
Hospital:		Grade:	Grade:	
Other (Please specify)		Number of year in J	Number of year in post:	
HISTORY				
Have you att	ended any Hands on Course in Lai	ryngology? Yes / No		
Are you fami	iliar with the basic principles of Lar	ryngology? Yes / No		
PUBLICITY				
How did you find about this course? Poster		Training Advisor	Tutor Colleague	
Other (please	e specify)			