



## 8<sup>th</sup> Hands on surgical Course in Laryngotracheal Reconstruction



# Registration Form

### COURSE DETAILS

**Venue:** Vasant & Nirmal Oswal Centre for Post Graduate Training, 14<sup>th</sup> Floor Superspeciality Wing, Deenanath Mangeshkar Hospital & Research Centre, Erandwane, Pune – 411004  
**Date:** 25 February 2024  
**Fee:** INR. 11000 + 18% GST (\$ 165 + 18% GST) for Practicing ENT Surgeons

### PERSONAL DETAILS

Name: \_\_\_\_\_

Title (Degree): \_\_\_\_\_ Registration Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_

Mobile No: \_\_\_\_\_ E-mail Id: \_\_\_\_\_

Are there any other requirements that you would like to make us aware of?

Do you require information about local accommodation? Yes / No

### PRESENT APPOINTMENT

Hospital: \_\_\_\_\_ Grade: \_\_\_\_\_

Other (Please specify) \_\_\_\_\_ Number of year in post: \_\_\_\_\_

### HISTORY

Have you attended any Hands on Course in Laryngology? Yes / No

Are you familiar with the basic principles of Laryngology? Yes / No

### PUBLICITY

How did you find about this course? Poster      Training Advisor      Tutor      Colleague

Other (please specify)

Signed -

Date -