ATLS® Provider Course, New Delhi

REGISTRATION FORM - ATLS - INDIA

Please fill this form and mail it with your non-refundable payment of fee to:

George P. A	braham M.D			
Course Dire 1st Floor, No Vadavathoo Kottayam - (E-mail:cour Tel: 0481 32 Mob: 94460	Paste your recent passport size photograph			
Please give yo	our option for	ATLS Provider C	ourse:	
OPTION A	17 - 19 January	/ 2013		
OPTION B				
PLEASE PR	ROVIDE THI	E FOLLOWING	CONTACT INFORMATIO	N:
Name:				
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Designation:				
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COURSE FI	EE DETAILS:	
ATLS	Participants from India & SAARC Countries.	Other Foreign Nationals
Provider Course	Rs 20000	USD 600