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)		Г	
1st Floor, No Vadavathoo Kottayam - (E-mail:cour Tel: 0481 32	urse Director, Indian Institute of Emergency Medical Services Floor, Noya Plaza, Kalathippady, davathoor PO ttayam - 686010, Kerala mail:courses@iiems.org l: 0481 3260911 Fax: 0481 2577559 ob: 9446000485, 9446000472				
Please give yo	our option for	ATLS Provider (Course:		
OPTION A	22 - 24 May 20	113			
OPTION B					
PLEASE PR	ROVIDE TH	E FOLLOWING	G CONTACT INFORM	ATION:	
Name:					
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COURSE FI	EE DETAILS:	
ATLS	Participants from India & SAARC Countries.	Other Foreign Nationals
Provider Course	Rs 20000	USD 600