ATLS® Provider Course, New Delhi

REGISTRATION FORM - ATLS - INDIA

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

| TACT Academy for Clinical Training No.29 (Plot No. 1997) J Block, 13th Main Road Annanagar Chennai:- 600 040 Ph: +91 44 4202 6644 / +919884309544 Fax: (91) 44 4202 6655 | | | | | Paste your recent passport size photograph |
|--|-------------------|----------------|--------------|-----------|--|
| Please give yo | our option for A | TLS Provider C | Course: | | |
| OPTION A | 31 July - 1, 2 Au | gust 2014 | | | |
| OPTION B | | | | | |
| | | | | | |
| PLEASE PR | OVIDE THE | FOLLOWING | G CONTACT II | NFORMATIC | ON: |
| Name: | | | | | |
| Title: | | | | | |
| Age: | | | | | |
| Designation: | | | | | |
| Specialty: | | | | | |
| Year of Grad | uation: | | | | |
| Post Graduate | e Qualification | | | | |
| Year of Post | Graduation: | | | | |
| Hospital: | | | | | |
| Full Address For communi | ication: | | | | |

| Zip/Postal Co | ode: | |
|----------------------------|---|-------------------------|
| Country: | | |
| Work Phone: | | |
| Fax: | | |
| Mobile: | | |
| E-Mail:- | | |
| Date of any A | ATLS Provider course attended along with the reg | gistration number: |
| Date of any A | ATLS Instructor course attended along with the re | egistration number: |
| | | |
| • | rested in and available for the Instructor course? Student Course and be identified as having inst | ` ' |
| | Yes | No |
| | t the fees through Bank draft in favor of "TAC" at Chennai. No form will be accepted without for | • |
| Provide detai | ls of Bank Draft No: Dated: | Drawn on: |
| | | |
| Signature: | | |
| COURSE FI | EE DETAILS: | |
| | Participants from India & SAARC Countries. | Other Foreign Nationals |
| ATLS Provider Course | Rs 20000 | USD 600 |

[§] Submit proof along with the registration form.