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 your option for ATLS Provider Course:

OPTION A 6 - 8 March 2014

OPTION B

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PLEASE PROVIDE THE FOLLOWING CONTACT INFORMATION:

Name:

Title:

Age:

Designation:

Specialty:

Year of Graduation:

Post Graduate Qualification:

Year of Post Graduation:

Hospital:

Full Address
For communication:

Zip/Postal Code:	
Country:	
Work Phone:	
Fax:	
Mobile:	
E-Mail:-	

Date of any ATLS Provider course attended along with the registration number:

Date of any ATLS Instructor course attended along with the registration number:

Are you interested in and available for the Instructor course? (Please note that you must successfully complete the Student Course and be identified as having instructor potential to attend the Instructor Course)

Yes ☐ No ☐

Please deposit the fees through Bank draft in favor of **"TACT Academy for Clinical Training Pvt Ltd"** payable at Chennai. No form will be accepted without full payment.

Provide details of Bank Draft No:……. Dated:…… Drawn on:……

Signature:

COURSE FEE DETAILS:

	Participants from India & SAARC Countries.	Other Foreign Nationals
ATLS Provider Course	**Rs 20000**	**USD 600**

§ Submit proof along with the registration form.