

**50<sup>th</sup> Workshop on FESS | Delegate Registration Form | 2<sup>nd</sup> to 4<sup>th</sup> March, 2018**

DELEGATE 1

Full Name (in capitals) \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Contact Number \_\_\_\_\_  
 Email \_\_\_\_\_

affix  
a Photo  
without  
fail

DELEGATE 2

Full Name (in capitals) \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Contact Number \_\_\_\_\_  
 Email \_\_\_\_\_

affix  
a Photo  
without  
fail

**KINDLY REGISTER ME/US AND ARRANGE THE ACCOMMODATION**

SELECT YOUR OPTION

**Only Registration  
(No accommodation)**

**Registration along with  
03 Nights Stay Package**

Hotel Check in:  
 DD/MM/YYYY at 02:00 PM

Check out:  
 DD/MM/YYYY at 12:00 Noon

Please fill DD/MM/YYYY

Cheque/DD number \_\_\_\_\_  
 Wire transfer reference number \_\_\_\_\_  
 (Mention your Name & Place in the 'Narration' column)

Date \_\_\_\_\_ Amount in INR \_\_\_\_\_  
 In words \_\_\_\_\_  
 Your Bank Name \_\_\_\_\_  
 Branch \_\_\_\_\_ City \_\_\_\_\_

MODE OF PAYMENT: Cheques payable at par/Wire Transfer/Demand Drafts.  
 Cheques/DD's should be drawn in favor of **MAA HOSPITALS PVT LTD**

**CANCELLATION POLICY :** If the cancellation is done on or before 1<sup>st</sup> February, 2018, 90% of the Registration fee will be refunded and after 2<sup>nd</sup> February, 2018, No fee will be refunded.

Signature 1

Signature 2

**Delegates who paid through wire transfer are requested to scan the filled in Registration/ Accommodation form and email to [drmegh@maaent.com](mailto:drmegh@maaent.com)**