



# RESCARE 2015

## KMCH ICU UPDATE 2015



16<sup>th</sup> - 18<sup>th</sup> OCTOBER 2015

### Registration Form

Name : .....

Address : .....

Mobile : ..... Email : .....

Delegate Category :  Student  IARC Member  Non IARC Member

Course :  Workshop  Conference  Workshop + Conference

All fee to be remitted as DD in favour of Kovai Medical Center and Hospital Ltd.

Payable at Coimbatore.

DD Number : ..... DD Amount : .....

Bank Name & Branch : .....

Date : .....

Signature: .....

Mail the completed registration form along with Demand Draft to  
The Conference Secretariat, Marketing Department, Kovai Medical Center and Hospital, Avinashi Road,  
Coimbatore - 14, Tamil Nadu, India.