



EBUS TBNA MASTERCLASS- 2015

Course Date: 31st March 2015

Organized by Institute of Pulmonology, Medical Research & Development

Under the auspices of Indian Chest Society West Zone

REGISTRATION FORM

Name: _____

Age: _____ Gender: _____

Address: _____

Specialty: _____ MCI Reg No: _____

Institution: _____

Mobile No: _____ Email ID: _____

Doctors Signature: _____

Note:

1. Limited Registrations on First Come First Serve Basis – Limited to 40.
2. Registrations Free but Compulsory
3. Confirmation of registration will be sent per email

Secretariat:

Mr. Lalit Kumar
Lung Care & Sleep Centre
Ashirwad 1st Floor,
Junction of Tilak Rd & Tagore Rd,
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(M): +91-96195 76905
(E): lalit@lungcare.in

Venue: Hotel Sofitel

Salon Dubarry, 2nd Floor
Bandra Kurla Complex
Bandra East, Mumbai 51.