



USLS BL1 ~ Provider

REGISTRATION FORM

ULTRASOUND LIFE SUPPORT BASIC LEVEL 1 PROVIDER COURSE

12th -13th August, 2017

Name

DesignationInstitute / Hospital.....

Correspondence Address

City Pin Code

Phone: (Mob) Email:

Registration Fee Rs. 4000/-

Registration fee includes breakfast, morning tea, lunch and evening tea during the course.

Mode of payment: DD/Cheque Online NEFT Cash

DD/ Cheque No: Dated: Drawn on

For NEFT:

For online payment visit

DD/Cheque to be drawn in favour of.....and mailed to the address below.

For registrations kindly contact:

Calcutta Heart Clinic & Hospital, Kolkata

Dr. Sourabh Dutta

Email: sourabh_nrsrch@yahoo.co.in

Phone: +91 9433218824

Dr Subhankar Chatterjee

Email: sc_doc@yahoo.com

Phone:+919830611990