

**17th WORKSHOP on PHONOSURGERY &
The 2nd Meeting of the International Association of Trans Voice Surgeons**
2nd, 3rd & 4th November 2023

Registration Form

Name : _____

Speciality : ENT / SLP

Hospital Attachment : _____

Address : _____

City _____ State _____ Pin _____

Country : INDIA _____

Mobile : _____

Email ID : _____

Medical Council No. : _____

Registration Type : Consultant Rs. 9,500/-

Resident / SLP Rs. 8,000/-

Cadaver Workshop : Indian Delegate Rs. 2,500/-

Payment Details : _____

Amount : _____

DD/Cheque No. : _____ Date : / / 202

Bank : _____

Demand Draft / Cheque / Multi City Cheques to be drawn in favour of **“PHONOSURGERY WORKSHOPS TRUST”** payable at Mumbai.

Registration form & Cheque / DD to be mailed to Conference Secretariat :

Dr. Nupur Kapoor Nerurkar,

Voice & Swallowing Center, 2nd Floor, MRC Wing, 12 New Marine Lines,

Bombay Hospital, Mumbai 400 020, INDIA. Email : nupurkapoor@yahoo.com