

REGISTRATION FORM

Mail/Fax or Email to

ICRI - HEALTH
Institute of Clinical Research India
Campus Address :
 A-201, Phase I
 Okhla Industrial Area
 New Delhi – 110020

Tel: 011- 40651024 /1020 /1000/1001
 Fax: 011 - 40651007
 Email: icrihealth@icriindia.com

ICRI – AHA Workshop
“ Medical Tourism in India – A Global Perspective”
 Date : 12 September 2009
 Venue : ICRI Campus Delhi

Registration: 0900 hrs –0930 hrs
 Corporate Delegate Fee: Rs1000/- per participant &
 Student Delegate Fee : Rs.500/- per student participant

Our Organization will be represented by:

	Name	Designation
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

The delegate fee Rs by cash/cheque/DD drawn in favor of “ICRI Research Pvt. Ltd.” payable at Delhi is attached herewith.

Nominating Authority: _____

Designation: _____

Company: _____

Address: _____

Tel: _____ Fax: _____

Email: _____

Signature : _____