

## 6th Endoscopic Endonasal Skullbase Workshop

Dear Madam/Sir,

Kindly register me for the Workshop on Endoscopic Skull Base Surgery, 2010. I hereby enclose a Demand Drft / Cheque No.

(add Rs. 40/- for outstation cheque)\_\_\_\_\_

Dated\_\_\_\_\_ drawn on (name of bank & branch)

\_\_\_\_\_ for Rs \_\_\_\_\_

(Rs. In words) \_\_\_\_\_ in favour of

"Endoskullbase Trust" payable at Mumbai. Please register me as  
(please tick)

Consultant	Resident
<input type="checkbox"/> WS-A	<input type="checkbox"/> WS-B
<input type="checkbox"/> WS-C	

*Refer website for Registration Fees & Reference*

My address for correspondence is:

Name: \_\_\_\_\_

Designation: \_\_\_\_\_ (Neuro / ENT)

Address: \_\_\_\_\_

\_\_\_\_\_

Phone.: \_\_\_\_\_

Mob: \_\_\_\_\_

Email.: \_\_\_\_\_

Team registration:

- ✔ Consisting of a neurosurgeon and ENT surgeon working together in an institutional/private practice will be given priority registration for WS-A
- ✔ Participants of WS-B will be given priority for hands on cadaver dissections in case of drop outs and for the following year
- ✔ Course fees include Banquent on Certificate for residents necessary from head of department

**Last Date for registration: 28-02-2010**

**No refund for cancellation after: 28-02-2010**

**After 28-02-10 add: Rs. 1000/- extra**