

Registration Form
(For registration through post or Fax)
Deadline: October 30,2006

Theme “Strategies to improve results in Cardio-vascular & Thoracic surgery”

1. Please take note that the registered name will be printed on Badge.
2. Please print or type clearly.
3. Use separate form for each registrant.

Please tick the appropriate box Professor Dr Mr. Ms

Family Name/Last Name _____

First Name _____ Middle Name _____

Hospital/Organization _____

Mailing Address _____

City _____ Country _____

Zip/Postal Code _____

Address is Home Office

Day Time Telephone _____

(Country Code /City Code/ Number)

Fax _____

(Country Code /City Code/ Number)

Email _____

Cell/Mobile Phone _____

Please tick Where applicable

Full delegate (physician)

Trainee , Student

Paramedic/nurse/technologist

Exhibitor

Accompanying person

Name of the registered person that you are accompanying _____

Mode of Payment: By Cheque By Cash By Credit Card