

REGISTRATION FORM

TO,
Dr.Aboojiwala,
Indorewala ENT Hospital,
Behind Mahamarg Bus Stand,
Kalika,
Nashik – 422 002.

Dear Dr.Aboojiwala,

Please enroll my name for the “EAR SURGERY WORKSHOP – 2002”

NAME: _____

ADDRESS: _____

PHONE: _____

FAX: _____

E-MAIL: _____

FOOD PREFERENCE: Vegetarian/Non-vegetarian.

Enclosed here in please find the demand draft with following details:

Draft number _____

Name of the Bank _____

Amount of Rupees _____

Dated ____/____/2001

Drawn in favor of: “**EAR SURGERY WORKSHOP – 2002**”

Payable at **Nashik**.

Please write your name on the reverse side of the draft.

WORKSHOP FEES:

For Delegates: 600/-

For Postgraduates: 400/- (Enclose certificate of HOD)

PROPOSED SURGERIES FOR DEMONSTRATIONS:

- SURGERIES FOR ATELECTETIC OTITIS MEDIA
- SURGERIES FOR TYMPANOSCLEROSIS
- OSSICULOPLASTIES
- REVISION MASTOID SURGERIES
- ICW AND OPEN MASTOID SURGERIES
- STAPEDECTOMIES
- SAC DECOMPRESSION *
- FACIAL NERVE SURGERY *
- VESTIBULAR NERVE SURGERY *

(“*” Depending on availability of cases)

PROVISIONAL PROGRAM:

2ND MARCH 2001

08.00 TO 09.00	RECEPTION, INAUGURATION AND BREAKFAST
09.00 TO 10.00	TEMPORAL BONE DISSECTION BY FACULTY
10.00 TO 13.00	EAR SURGERY DEMONSTRATIONS
13.00 TO 14.00	WORKING LUNCH
14.00 TO 16.00	EAR SURGERY DEMONSTRATIONS
16.00 TO 18.00	PANEL ON "STAPEDECTOMY"
18.00 TO 20.00	BREAK
20.00 ONWARDS	BANQUET

3RD MARCH 2001

08.00 TO 13.00	EAR SURGERY DEMONSTRATION
13.00 TO 14.00	WORKING LUNCH
14.00 TO 15.30	EAR SURGERY DEMONSTRATION
15.30 TO 16.00	SHORT VALEDICTORY FUNCTION

REGISTRATION FORM

TO:

Dr.Rajendra Pagare,
Indorewala ENT Hospital,
Behind Mahamarg Bus Stand, Nashik – 422 002.

Dear Dr.Pagare,

Enroll me for “EAR & SINUS SURGERY WORKSHOP–2004”.

NAME: _____

ADDRESS: _____

(Please enclose your visiting card, if possible.)

PHONE (AREA CODE): _____

E-mail: _____

Tick-mark (☐) (ONLY ONE) the preferred choice below.

- () Register me for workshop & hands on sinus dissection
- () Register me for workshop & hands on temporal bone dissection
- () Register me for workshop only

Enclosed please find demand draft with following details:

Draft number: _____

Name of the bank _____

Amount of Rupees: _____

Dated: ___/___/200__.

Favoring: “**Indorewala ENT Hospital Workshop**”, payable at **Nashik**.

Please write your name on the reverse side of the draft.

REGISTRATION FORM

To:
Dr.Shabbir Aboojiwala
Indorewala ENT Hospital,
Behind Mahamarg Bus Stand, Nashik – 422 002.

Dear Dr.Aboojiwala,
Enroll me for “EAR & SINUS SURGERY WORKSHOP – 2005”.

NAME: _____

ADDRESS: _____

CITY: _____ PIN: _____

(Enclose visiting card, if possible)

PHONE (area code): _____

E-mail: _____

Please register me for: [Tick-mark (✓) any ONE ONLY]

- () Workshop & hands on temporal bone dissection.
- () Workshop & hands on sinus dissection.
- () Workshop & observer for temporal bone dissection.
- () Workshop & observer for sinus dissection.
- () Workshop only (26th - 27th February 2005).

Enclosed please find demand draft with following details:

Draft number: _____

Name of the bank: _____

Amount of Rupees: _____

Dated: ___/___/200 ___.

Favoring: “**Indorewala ENT Hospital Workshop**”, payable at **Nashik**.

REGISTRATION FORM

To:
Dr. Shirish Ghan
Indorewala ENT Hospital,
Behind Mahamarg Bus Stand, Nashik – 422 002.

Dear Dr. Ghan,

Enroll me for "EAR & SINUS SURGERY WORKSHOP – 2006".

NAME: _____

ADDRESS: _____

CITY: _____ PIN: _____

(Enclose visiting card, if possible)

PHONE (area code): _____

E-mail: _____

Please register me for: [Tick-mark (√) any ONE ONLY]

- () Workshop & hands on temporal bone dissection.
- () Workshop & hands on sinus dissection.
- () Workshop & observer for temporal bone dissection.
- () Workshop & observer for sinus dissection.
- () Workshop only (18th - 19th February 2006).

Enclosed please find demand draft with following details:

Draft number: _____

Name of the bank: _____

Amount in Rupees: _____

Dated: ___/___/200 __.

Favoring: "Indorewala ENT Hospital Workshop", payable at **Nashik**.

REGISTRATION FORM

To:
Dr. Shirish Ghan
Indorewala ENT Hospital, Old Mumbai Naka,
Behind Mahamarg Bus Stand, Nashik – 422 002.

Dear Dr. Ghan,

Enroll me for “EAR & SINUS SURGERY WORKSHOP – 2007”.

NAME: _____

ADDRESS: _____

CITY: _____ PIN: _____

(Enclose visiting card, if possible)

PHONE (area code): _____

E-mail: _____

Please register me for: [Tick-mark (√) any ONE ONLY]

() Workshop & hands on temporal bone dissection (8 - 11 March)

() Workshop & hands on sinus dissection (9 - 11 March)

() Workshop & observer temporal bone dissection (8 - 11 March)

() Workshop & observer for sinus dissection (9 - 11 March)

() Live workshop only (10 - 11 March)

Enclosed please find demand a draft with following details:

Draft number: _____

Name of the bank: _____

Amount in Rupees: _____

Dated: ___/___/200__.

Favoring: “**Indorewala ENT Hospital Workshop**”, payable at **Nashik**.

(Please write your name on the reverse side of the draft)

REGISTRATION FORM

To:
Dr.Kiran Burse,
Indorewala ENT Hospital,
Behind Mahamarg Bus Stand, Nashik – 422 002.

Dear Dr.Burse,

Enroll me for “EAR & SINUS SURGERY WORKSHOP – 2008”.

NAME: _____

ADDRESS: _____

CITY: _____ PIN: _____

(Enclose visiting card, if possible)

PHONE (area code): _____

E-mail: _____

Please register me for: [Tick-mark (√) any ONE ONLY]

- () Workshop & hands on temporal bone dissection.
- () Workshop & hands on sinus dissection.
- () Workshop & observer for temporal bone dissection.
- () Workshop & observer for sinus dissection.
- () Workshop only (1st & 2nd March 2008).

Enclosed please find demand draft with following details:

Draft number: _____

Name of the bank: _____

Amount in Rupees: _____

Dated: ___/___/200 ___.

Favoring “**Indorewala ENT Hospital Workshop**” payable at **Nashik**.

(Write your name on the reverse side of the draft)

REGISTRATION FORM

To:
Dr.Rajeev Pathak,
Indorewala ENT Hospital,
Behind Mahamarg Bus Stand, Nashik – 422 002.

Dear Dr.Pathak,

Enroll me for “EAR & SINUS SURGERY WORKSHOP – 2009”.

NAME: _____

ADDRESS: _____

CITY: _____ PIN: _____

(Enclose visiting card, if possible)

PHONE (area code): _____

E-mail: _____

Please register me for: [Tick-mark (√) any ONE ONLY]

- () Workshop & hands on temporal bone dissection.
- () Workshop & hands on sinus dissection.
- () Workshop & observer for temporal bone dissection.
- () Workshop & observer for sinus dissection.
- () Workshop only (28th February & 1st March 2009).

Enclosed please find demand draft with following details:

Draft number: _____

Name of the bank: _____

Amount in Rupees: _____

Dated: ___/___/200 ___.

Favoring “**Indorewala ENT Hospital Workshop**” payable at **Nashik**.

(Write your name on the reverse side of the draft)

