

ACSE - ACADEMY FOR CLINICAL & SURGICAL EXCELLENCE

SPINE WEEK 2018 **21-27, OCTOBER, 2018, BENGALURU** **REGISTRATION FORM**

Venue: **Sparsh Hospital, Yashwantpur, Bengaluru, Karnataka**

First Name: _____ Last Name: _____

Date of Birth: _____ Nationality: _____

Gender: Male / Female Position: _____

Specialty: Orthopedics / Neurosurgeon / Other

Institution: _____

Address: _____

Country: _____ Postal Code: _____

Mobile: _____ Email: _____

Cheque Number: NEFT / RTGS: _____

BANK ACCOUNT DETAILS:

Account Name: ACADEMY FOR CLINICAL & SURGICAL EXCELLENCE

BANK: ICICI BANK Ltd, BRANCH: NEHRU PLACE, NEW DELHI

ACCOUNT NUMBER: 629405044250 IFSC: ICIC0006294

Date: _____ Signature: _____

Registration fee: Course fee, 6 Nights' twin sharing accommodation / 6 days Breakfasts & Lunch, 3 Dinners, Study Material and Certificate

Rs 25000/-

***(Cancellation full refund before 10th September 2018)**

PLEASE RETURN THIS COMPLETED REGISTRATION FORM TO:

**Dr. K. V. Menon, Programme Director,
Academy for Clinical & Surgical Excellence,
501, Mansarovar, 90, Nehru Place, New Delhi-110019
Email: spineweek@acse.co.in, Mobile: +91 9811444534**