

CME IN PATHOLOGY 2016-

**ORGANISED BY INDIAN ASSOCIATION OF PRACTICING PATHOLOGISTS(IAPP),PUNE
AND DEPT. OF PATHOLOGY, BHARATI VIDYAPEETH UNIVERSITY MEDICAL COLLEGE, PUNE**

8th, 9th, 10th July, 2016

REGISTRATION FORM

Name:.....

Designation:.....

Address:.....

State.....City.....

Pin Code.....

MMC / Other states Registration No.....

Phone No.....

E-mail:.....

Registrant Category

IAPP Member / Non Member / Post graduate student

Post graduate student must submit letter of HOD for authentication

Payment Details (please tick mark appropriate)

Only CME Registration

Workshop Registration : Workshop A / Workshop B

Workshop C/ Workshop D

Food Preference: Veg / Non Veg

Demand Draft / Cheque drawn in favour of **"IAPP"**
payable at **Pune**

Details: DD / Cheque

No:.....Bank:.....

Date:.....Amount:.....

SignatureDate:.....

- Submit Regd Form to: **IAPP office:**
- Dr Swapnil Karnik, 55 Bhosale Shinde Arcade, 1st Floor,
- Above Ravindra Furniture, Near Deccan Gymkhana Bus Stand, J.M Rd
- Pune 411004.
- CME Secretary: Leena Zambare, tel 8605575246/ 02025510707
- Email: iappune@gmail.com