

Pratidhwani – Centre for Child Speech, Language & Hearing Development

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CME on Hearing Loss in Children & Cochlear Implants Registration Form for Habilitation Workshop

Greetings! We are extremely glad for your interest in the Habilitation Workshop which is part of the CME on Hearing Loss in Children & Cochlear Implant organized by Pratidhwani Clinic under the Auspices of Indian Academy of Otolaryngology and Head and Neck Surgery, on 26th May, 2018 at NEDFI Convention Centre, Guwahati. Kindly fill up this registration form and send it to us at info@pratidhwani.in along with details of payment of Registration fees (Rs 500/-) for registering for the workshop

| PERSONAL DETAILS | | | |
|--|--|--|--|
| Date of Registration: | | | |
| Name: | | | |
| Contact Number: | Email Address: | | |
| PROFESSIONAL DETA | 11 \$ | | |
| Please select your profession? | 113 | | |
| ☐ Audiologist ☐ Speech | Therapist □ Other - Ex | plain: | |
| Which Organization/clinic are you associated with? | | | |
| Name & Address: | | | |
| Are you associated with a Cochlear Implant Program? □ No □ Yes □ Planning to Start | | | |
| Are you working with any Cochlear Implant recipients? If Yes, please mention how many recipients/candidates. | | | |
| □ No □ Yes How many? | | | |
| PAYEMENT DETAILS | | | |
| Amount Deposited: | Date of Deposit: | | |
| Cheque/Reference No.: | | | |
| | No. Of Delegates for The Workshop Registration Fees: Only) | o: 25 (First Cum First Serve Basis) Rs 500/- (Rupees Five Hundred | |

All payments should be made by Cheque/E-Transfer before 15th May, 2018.

Bank Details for payment

A/C Name: GVSB Group

A/C Number: 50200025916223

IFSC Code: HDFC0000399