









HEMOPHILIA & THALASSEMIA SUMMIT 07th- 08th November, 2023

Title:First Name	<u></u>	Last Name:
Gender Male/Female Desig	nation:	
Applicant's Institution:		
Mailing Address:		
City:	State:	Postal Code:
Institution Address:		Speciality:
Mobile No.:	Tel No.:	Fax No.:
E-mail Address:		Nationality:
Details of accompanying	person :	
Name	AgeS	Sex_Relationship with Delegate
PAYMENT DETAILS: Payments can be made only the amount in favour of Hemophile and Details: Account Name: Hemophilia Andrews: New Grain Market, IFSC Code: HDFC0002765, MIPAN: AABAH0820P I am enclosing herewith Cond Donolutra no. in case of NEFT Accompanying persons	lia Advocacy Society Advocacy Society G.T. Road, Khanna CR Code : 141240	a 1204
Total		
		ust send the same on E-mail given Below

Poster size 33" x 45

Please send the complete Registration form along with payment to Conference Secretariat: Organized by

Hemophilia Advocacy Society Punjab (Regd.) Shaheed Bhagat Singh Colony, Amloh Road, Khanna (Ludhiana) M: +91-9855033533, 9814795089, 9914233533





REGISTRATION FEE

	Spot / Upto 30th October
Workshop+Conference	Rs. 3500/-
Only Conference	Rs. 3000/-
Accompanying Person	Rs. 2500/- Without Kit

PAYMENT DETAILS:

Payments can be made only through bank Money transfer or demand draft of appropriate amount in favour of **Hemophilia Advocacy Society** payable at **Khanna**.

Bank Details:

Account Name: Hemophilia Advocacy Society

A/c No.: 50100057506627

Bank: HDFC BANK

Address: New Grain Market, G.T. Road, Khanna IFSC Code: HDFC0002765, MICR Code: 141240204

PAN: AABAH0820P

I am enclosing herewith Cheque / Demand draft No. / NEFT Detail:

Ch/DD No/UTR no. in case of NEFT

Dated

Amount

Name & IFSC Code of Bank transferring the amount)

Accompanying persons

Total

Please send the complete Registration form along with payment to Conference Secretariat:

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M: +91-9876569622, 9914233533, 921700098



