**WOMAN DOCTORS ASSOCIATION TAMIL NADU**

ANNUAL CONFERENCE – 2018

**Venue : The Checkers Hotel 30, Mount Road, Little Mount, Saidapet, Chennai 600015**

**REGISTRATION FORM**

|  |
| --- |
| **DELEGATE ‘S FULL NAME:** |
| **GENDER : MALE / FEMALE DESIGNATION :** |
| **ADDRESS :** |
| **CITY : STATE:**  |
| **PHONE(RES): CLINIC: MOBILE :** |
| **EMAIL :** |

**SIGNATURE OF THE DELEGATE: DATE:**

Registration fees

|  |  |  |
| --- | --- | --- |
| Date | Delegates | Students |
| Till 20/7/2018 | Rs 1000/- | Rs 850/- |
| Till 31/7/2018 | Rs 1250/- | Rs 900/-  |
| Spot | Rs 1500/-  | Rs 1000/- |
| Students are requested to send their entries with a letter from the HOD and a Xerox of the ID card  |
| Payment by cash / cheque “**Woman Doctors Association, Tamilnadu**” (Payable at Chennai) |

**Cheque/DD/Cash : Amount:**

**Issuing Bank : Date:**

**Dr Nandita Thakkar**

***Secretary WDA* 21/2 : MC Nicholas Road, Chetpet, Chennai-600031**