



## **REGISTRATION FORM**

**Strictly for clinicians who have already completed the basic entry level two day course of USLS BL1P and wish to be certified as providers of USLS BL1P**

### **USLS BL1P CERTIFICATION**

**15th April 2014 (Tuesday) 04: pm to 08: pm**

USLS BL1P entry level 2 day course attended:-

Date ..... Place.....

Name .....

Designation .....

Institute / Hospital.....

Address.....

.....

City ..... Pin Code.....

Phone: (Mob).....(R.) .....

Email: .....

Registration Fee Rs. 4000/-

Mode of payment: DD  Cheque

DD/ Cheque No: ..... Dated: ..... Drawn on .....

DD/Cheque to be drawn in favour of **“Society of Critical Care Medicine – Delhi”** and mailed to the address below.

#### **Mailing Address:**

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