



ISCCM Delhi & NCR

## **REGISTRATION FORM**

### **ULTRASOUND LIFE SUPPORT BASIC LEVEL 1 PROVIDER COURSE**

**19th – 20th December 2014 (Fri, Sat)**

Name .....

Designation .....

Institute / Hospital .....

Address .....

.....

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

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

Email: .....

Registration Fee Rs. 3500/-

Mode of payment: DD  Cheque  Online

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.

For online payment kindly visit [www.isccmdelhi.com](http://www.isccmdelhi.com)

#### **For registrations kindly contact:**

**DR. Ankit Sharma**

Liver Transplant & Gastro ICU

ICU-4, 1st Floor

Medanta – The Medicity

Sector- 38, Gurgaon

Haryana – 122001

Ph: 09873240734

Email: [intensivecarecme@gmail.com](mailto:intensivecarecme@gmail.com)

