



**10th Biennial conference of**  
**INDIAN SOCIETY FOR RECONSTRUCTIVE MICROSURGERY**  
**16<sup>th</sup> - 18<sup>th</sup> July**

**REGISTRATION FORM**

Name : \_\_\_\_\_  
Designation : \_\_\_\_\_  
Institution : \_\_\_\_\_  
Postal Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone : \_\_\_\_\_  
Email : \_\_\_\_\_  
Accompanying Person : \_\_\_\_\_  
\_\_\_\_\_  
Arrival Details : Date \_\_\_\_\_ Time : \_\_\_\_\_  
Departure Details : Date \_\_\_\_\_ Time : \_\_\_\_\_  
Vegetarian / Non Vegetarian

**Payment Details**

Cheque / D.D No.: \_\_\_\_\_ Date: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Bank: \_\_\_\_\_

The Payment should be drawn in favour of ISRM - 2010 'payable at Hyderabad'

Please send the registration form to : Organizing Secretaries

**Dr. N. Rambabu / Dr. R. Parvathi**

**Department of Plastic & Reconstructive Surgery.**

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