

International Healthcare Program

7th - 10th September, 2017

Kenya



CME Registration Form

Hospital / Institution Name.....Date.....

Title: Prof. Dr. Mr. Mrs.

First Name*

Last Name*

Occupation*

Qualification.....

Permanent Address & Pincode*

Contact Telephone*.....Mobile*.....

EmailID*.....

*** Mandatory for Registration**

CME Registration For

- Cardiology Neurology Oncology Gynaecology Bariatrics
 Paediatric Surgery

Date:

Place:

Signature

Contact:

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