

**Registration Form**  
**11th AIIMS MICRONEUROLOGY WORKSHOP**  
19 -21st February, 2009

**Venue**  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI - 29

Name .....

Age ..... Sex .....

Institution .....

Designation .....

Delegate/Resident .....

Permanent Address .....

.....

Correspondence Address .....

.....

Phone (O) ..... (R).....

Fax ..... Mobile .....

Email .....

**Registration Details**

|                               |            |
|-------------------------------|------------|
| Early Bird Registration       | Rs. 600/-  |
| After 1st January 2009 & Spot | Rs. 1000/- |

Kindly send the Demand Draft/Cheque No. .... in favor of "Microneurosurgery Workshop" AIIMS payable at New Delhi. You will receive the confirmation of receipt by email only. Kindly present this at the time of registration (Add Rs. 80/- for outstation bank cheque). Online registration is also available through [www.aiims.edu](http://www.aiims.edu)

- I Will be interested for low budge accommodation (First cum First Serve). (Probable places: IIT, NCERT, Guest House, AIIMS Hostel, Indian Social Insitute, Aurobindo Ashram, JNU Guest House, Army Guest House)
- I have booked hotel stay from the website.
- I will be making my own arrangement for stay.
- I would be interested in the following types of surgery.
  - Vascular
  - Epilepsy
  - Skull Base
  - Tumour
  - Neuroendoscopy
  - Any Other (Please mention)
  - Spine

**CORRESPONDING ADDRESS**

**Dr. P Sarat Chandra**

*Organizing Secretary*

11th Annual AIIMS Microneurosurgery Workshop  
Room No. 710, Department of Neurosurgery, Neurosciences Centre  
All India Institute of Medical Sciences, New Delhi-110029

*Ph.:* (D) 011-26546477, 26594494, 26588927

*Fax:* 011-26589650 • *Mobile.:* 9911773437

*Email :* [saratpchandra@gmail.com](mailto:saratpchandra@gmail.com), [saratpchandra@aiims.ac.in](mailto:saratpchandra@aiims.ac.in),  
[aiimsmicroneurosurgeryworkshop@gmail.com](mailto:aiimsmicroneurosurgeryworkshop@gmail.com)