



Teleradiology
SOLUTIONS

REFRESHER COURSE AND QUIZ - REGISTRATION FORM:

PLEASE MAIL THE COMPLETED FORM TO:

Dr C. Chavadi.

Teleradiology Solutions, Plot NO 7-G .Opposite to Graphite India.

ITPL Main Road. Whitefield.

Bangalore-560048, Karnataka.

Phone: 080-40187500- Ext: 553, Fax: +91-80-41103411.

You can also e-mail your forms to: **symposium@telradsol.com**

Write in BLOCK LETTERS:

First Name _____ Last Name _____

Affiliation _____

Address (Zip Code/City) _____

Phone number _____ Fax No. _____

E-mail _____

Attention:

No Delegate Fee is being charged.

The total number of registrations is limited to 100.

Registrations should reach us latest by February 7, 2010.

Disclaimer: This mail is intended for radiology residents/post graduate students. If you are an unintended recipient of this mail, kindly forward it to other radiology residents/post graduates.