

## PAEDIATRIC EEG COURSE REGISTRATION FORM

(PLEASE FILL IN CAPITALS)

**Name:** \_\_\_\_\_

**Grade:**      Consultant      PG / DM Student

**Speciality:**    Paediatrics      Neurology      Paediatric Neurology

Physician      Psychiatry      Other (Specify) –

**Address for Communication:** \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Pincode: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**Course Fees:**

Category	Early Birds upto 15 <sup>th</sup> May	Till 10 June
Consultant	1500 INR	2000 INR
PG / DM Student	1000 INR	1500 INR

**Payment:** Please pay by Cash or Cheque / DD – Payable to “Lilavati Child Neuro Care” payable at Ahmedabad or at PAR all cities only.

Cheque / DD No: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: INR \_\_\_\_\_

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Please send filled form with Payments to:

**Lilavati Child Neuro Care**

— 7th Floor, Sangita Complex, Opp Doctor House,  
Parimal Garden, Ahmedabad - 380 006, Gujarat

— M: 91733 90444

— For more information visit – [www.lcnc.in](http://www.lcnc.in)

— You may email filled form in advance to  
[info@lcnc.in](mailto:info@lcnc.in) this will reserve your name.

— Your place will be confirmed on receiving Payments.