



BARIATRIC NUTRITION CERTIFICATION COURSE

11 August 2018 | Ahmedabad



GUJARAT CHAPTER

REGISTRATION FORM

DELEGATE DETAILS

Title: Prof. Mr. Ms. Mrs.

Gender: Male Female

Name:

Communication Address:

City: State: Country: PIN:

Phone (STD/ISD) Code: (O): (R):

E-mail: (Mandatory) Mobile: (Mandatory)

REGISTRATION DETAILS

CATEGORY	FEES (INR) till 15th July, 2018	SPOT REG. (INR)
<input type="checkbox"/> Practicing Dietitian	1,500	2,500
<input type="checkbox"/> IDA Member	1,000	2,000
<input type="checkbox"/> Student	500	1,000

Kindly send DD or Cheque In favour of
'AHMEDABAD BARIATRICS AND COSMETICS PVT. LTD.'
payable at Ahmedabad along with
Reg. Form to Conference Secretariat
(Please Mention your name, city and mobile number
behind the cheque or DD)

PAYMENT DETAILS

Payment Type: By Cheque / DD: By Cash: Amount:

Amount in Word:

Cheque / DD No.: Cheque / DD Date:

Bank Name: Branch:

ACCOUNT DETAILS

Ac Name : AHMEDABAD BARIATRICS AND COSMETICS PVT. LTD.
Bank Name : HDFC BANK
A/c No. : 12298260000042
IFSC Code : HDFC0001229

Conference Secretariat :

Asian Bariatrics Pvt. Ltd.

Opp. Rajpath Club, S. G. Highway, Bodakdev, Gujarat, INDIA

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Email : diet@asianbariatrics.com • bariatricnutrition2018@gmail.com

