



# 13<sup>th</sup> Hands on Course in Evaluation & Management of Swallowing Disorders



## Registration Form

### COURSE

**Venue:** Vasant & Nirmal Oswal Centre for Post Graduate Training, 14<sup>th</sup> Floor Superspeciality Wing,  
Deenanath Mangeshkar Hospital & Research Centre, Erandwane, Pune – 411004

**Date:** 18<sup>th</sup> April 2025

**Fee:** INR. 8000 + 18% GST (\$ 85 + 18% GST) for Practicing ENT Surgeons

### PERSONAL

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

Title (Degree): \_\_\_\_\_ Registration Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_

Mobile No: \_\_\_\_\_ E-mail Id: \_\_\_\_\_

Are there any other requirements that you would like to make us

Do you require information about local accommodation?

### PRESENT

Hospital: \_\_\_\_\_ Grade: \_\_\_\_\_

Other (Please specify) \_\_\_\_\_ Number of year in post: \_\_\_\_\_

### HISTOR

Have you attended any Hands on Course in Laryngology? Yes

Are you familiar with the basic principles of Laryngology? Yes

### PUBLICIT

How did you find about this course? \_\_\_\_\_ Training Advisor Tutor

Other (please

Signed

Date -