THE SALVATION ARMY
CATHERINE BOOTH COLLEGE OF NURSING

Catherine Booth Hospital Campus, Nagercoil - 629001.
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NATIONAL CONFERENCE ON
INTERPROFESSIONAL COLLABORATION FOR BETTER PATIENT OUTCOME

REGISTRATION FORM

Dr/Prof/Mr/Ms : -

Qualification : -

Designation : -

Name of the Institution : -

Address : -

- -

- -

Mobile No. : ☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐

E-mail : -

Council Registration No. : RN No. : - - - - - - - - - - - RM No. : - - - - - - - - - - -

Paper Presentation : Yes / No

Poster Presentation : Yes / No

Food & Accommodation : Yes / No

Food & Snacks : Veg. / Non -Veg.

Registration Fee : Cash / DD No.: - - - - - - - - - - - - - - - - - -

Remittance details

Bank name & date : -

Total Amount : ☐

Signature

For office use
verified the above details and registered

Registration committee members: Accounts department:

Organizing Secretary:

(Note: Photocopies of registration form can be taken. Kindly bring your CNE-Credit hours pass book. For registration and accommodation please contact registration committee members)