



## Registration Form

### Handholding Workshop on Patient Safety

12 - 13th April 2013

Auditorium, Indraprastha Apollo Hospitals, New Delhi

Name of the Hospital: \_\_\_\_\_

Bed Strength: \_\_\_\_\_ beds

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Contact information:

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

Designation: \_\_\_\_\_

Contact number: \_\_\_\_\_

E mail ID: \_\_\_\_\_

#### Participants:

S. No	Name	Designation	Contact number	Email ID
1				
2				
3				
4				
5				

#### Payment details:

Cheque / draft number: \_\_\_\_\_

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

Please send the filled registration form to Dr Shaveta Dewan at [patientsafetyworkshop@gmail.com](mailto:patientsafetyworkshop@gmail.com)