

REGISTRATION FORM

Name :

Designation:.....

Institution:.....

Acc. Person:.....

Address:.....

.....

Email :Mobile :

ISBTI Membership No.:

Payment in favour of TRANSCON 2017, Payable at Kota

Cheque / DD No. / Transfer Code:..... Date

Name of Bank:.....

Branch:.....

Total Payment Rs.....

PRE CONFERENCE WORKSHOP/C.M.E. ON 7th Dec. 2017

- 1. Challenges in Stem Cell Therapy
- 2. Blood Safety & Utility of N.A.T.
- 3. Blood Donor Management
- 4. Therapeutic Apheresis

Conference Secretariat

Dr. V.P.Gupta

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