Zydus Hospitals
A Complete Hospital

EASY VENT WORKSHOP

REGISTRATION FORM

PLEASE FILL OUT COMPLETELY SO THAT YOUR REGISTRATION MAY BE PROCESSED PROMPTLY

NAME ____ ☐ MALE ☐ FEMALE
(LAST) (FIRST) (MIDDLE)

ADDRESS ____
(CITY) (STATE) (ZIP)

E-MAIL ADDRESS ____

MEDICAL COUNCIL # ______________ HOME PHONE ___________ WORK PHONE ___________

BIRTH DATE __________ MARITAL STATUS: SINGLE MARRIED (________________)
(MAIDEN NAME)

HAVE YOU EVER TAKEN A COURSE OR WORKSHOP ON VENTILATOR? NO ☐ YES ☐ WHEN? ________

WORKSHOP FEES

1. FOR DOCTORS - ₹ 1000
2. FOR NURSES - ₹ 500

All cheque should be made payable to Zydus Hospitals & Healthcare Research Pvt. Ltd.

Cash Payment can also be made

Signature