

Registration Form
“Clinical Trial Methodology and Management Workshop”
(Saturday, 3rd April 2010)

Name:.....

Date of Birth: (DD/MM/YYYY) **Sex:** (M/F)

Address for Correspondence:

.....

Contact Number(s): **E-mail (Must):**

Academic Qualifications (Please mention the highest qualification)

Examination Passed	University	Year

Payment Details: DD in favor of Catalyst Clinical Services Pvt. Ltd. payable at Delhi.

DD No..... **Dated**..... **for Rs**..... **Drawn on**.....

Registration Fee	Amount
Professional Diploma in Clinical Research (PDCR [®]) participants (Enrolment Number))	Rs. 3500/-
Non-PDCR [®] participants/Industry/Academics	Rs. 5000/-

To be filled by Working Professionals only:

Name of the Organization:.....

Designation:..... **Experience (in yrs.):**.....

Application Form completed in all respects should be sent to:

Coordinator (Mr. Pankaj Gupta); Catalyst Clinical Services Pvt. Ltd.

119, State Bank Colony, G. T. Karnal Road, Delhi – 110009 (India)

Ph: 011-27466248; Telefax: 011-42384005; Mobile: 9810218712; Email: contact@catalystclinicalservices.com

Note:

- Application without the requisite fees will be rejected.
- Registration of minimum of 35 participants is must for organizing the workshop.