DELEGATE REGISTRATION FORM

All communication will be through email or sms/mobile

**Children's Liver Foundation and**

**Indian Academy of Pediatrics, Mumbai**

invite you to

Hepaticon 2017

**Wilson disease – Bench to the bedside**

March 25th , 2017, Nehru Centre, Worli, Mumbai

Name: ...............................................................................................................................................

*All details to be filled in block capitals for Certificates*

Name of organization: ................................................................................................................

Private Hospital / Private practice / Teaching Hospital

City: ................................................

Mobile No: ................................................ Email ................................................

**For further details sms / call / email:** pedliver@gmail.com

www.childrenliverindia.org

Priya 9224791366 Simpy 7875042461

Signature...................................................... Date. ................................................