



HEALMARK HEALTHCARE CONSULTING

REGISTRATION FORM

- *Prior registration is essential*
- *Participation fee is non-refundable. However, change in nomination is acceptable*
- *Program is non-residential*

Following from our organization would attend:

SI No	Name	Designation	Mobile	E-mail ID

Nominating Authority:

Name: _____; Designation: _____

Company: _____

Address: _____

E-mail: _____; Mobile: _____

Tel: _____

Please Email/ WhatsApp/ Post your nominations to:

HealMark Healthcare, Jalandhar

Call: +91-7589438250, WhatsApp:7589438249

Email: Healmarkhcs09@gmail.com

How to Pay?

- **Google pay**
- **Account Transfer.**