

# ASSOCIATION OF HEALTH AND HOSPITAL ADMINISTRATORS(AHHA)

O/o The Deputy Director, Department of Hospital Administration  
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## AHHA CON2009 NATIONAL CONFERENCE

### REGISTRATION FORM



**28<sup>TH</sup> (SATURDAY) & 29<sup>TH</sup> (SUNDAY) NOVEMBER, 2009**

**Venue: Auditorium, Narayana Medical College & Hospital, Nellore, A.P**

1) NAME \_\_\_\_\_ AGE/ SEX \_\_\_\_\_/ \_\_\_\_\_

2) DESIGNATION \_\_\_\_\_ QUALIFICATION \_\_\_\_\_

3) ORGANIZATION/HOSPITAL \_\_\_\_\_

4) ADDRESS \_\_\_\_\_  
\_\_\_\_\_

5) CITY \_\_\_\_\_ PINCODE \_\_\_\_\_ STATE \_\_\_\_\_

6) TELEPHONE (O) \_\_\_\_\_ (R) \_\_\_\_\_

7) MOBILE \_\_\_\_\_

8) EMAIL (Write Clearly) \_\_\_\_\_

9) PAYMENT: DD/CHEQUE No. \_\_\_\_\_ DATED \_\_\_\_\_

AMOUNT \_\_\_\_\_ BANK \_\_\_\_\_

\*Crossed Cheque/DD to be made in favour of 'AHHA', payable at Hyderabad

\*Please add accommodation charges as necessary along with registration fee

\*For accommodation details visit [www.narayanamedicalcollege.com](http://www.narayanamedicalcollege.com)

\*Please send the completed Registration form with cheque/DD to the conference secretariat

REGISTRATION	DELEGATES	AHHA MEMBERS	STUDENTS
	Rs :2500	Rs :2000	Rs :1000

### AHHACON2009 Secretariat

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**SIGNATURE**