

REGISTRATION FORM

SPARSH SPINE COURSE - 2012

Name Age

Mobile No. Email

Qualification and year of passing

Where do you practise? City / Town State

Are you a teaching faculty? Yes No

If yes, Institution & Designation

Describe in 70 words how you would manage a 30 year old housewife with non-radiating chronic low back pain (Please use an additional sheet)

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What would you like to learn at this workshop?

a)

b)

c)

Please send this registration form and your cheque/DD to the address mentioned on the back page of the Brochure.