

**23<sup>rd</sup> ANNUAL ACADEMIC SESSIONS - SRI LANKA COLLEGE OF RADIOLOGISTS 2024**

**Registration Form.**

Name as to be printed on the certificate:


Contact No:

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E mail:


Mode of Payment: (Bank deposit, online transfer)

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Amount paid.

Rs.																			
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**Registration Categories (please tick the category)**

Full registration for three days

<b>Full 3 Days</b>	
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Registration for first two days only (25<sup>th</sup> 26<sup>th</sup> Oct)

<b>25<sup>th</sup></b>	<b>26<sup>th</sup></b>	
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Registration for final day only (27<sup>th</sup> Oct)

<b>27<sup>th</sup></b>	
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*(All Registration forms should be accompanied by payment slips)*

Payable Bank transfer or deposit at any branch of Commercial Bank.

**Account No : 8145003002- Commercial Bank Ward Place Branch.**

Account holder's name : Sri Lanka College of Radiologists.

Reference number in the bank slip- should be your name: Please write your name clearly.

**No on site registration.**

Date .....

Signature .....