

9th CME Program
Tetralogy of Fallot
Presented by

Maurice Lev & Saroja Bharati Cardiac Pathology Museum and
International Center of Excellence in Cardiac Pathology

Highlight - HANDS ON CARDIAC MORPHOLOGY COURSE
by Dr. Saroja Bharati

Date : FEBRUARY 20th 2019

Organized by : FRONTIER LIFELINE HOSPITAL, DR.K.M.CHERIAN HEART FOUNDATION

VENUE: FRONTIER MEDIVILLE, Gummidipoondi - 601201

(India's first SEZ Medical Science Park, Asia's Largest Cardiac Pathology Museum)



This unique course is recommended for all professionals including medical and paramedical, nurses, technicians who manage and treat patients with congenital heart disease. It allows participants to appreciate the TOF anatomy described by heart specimen demonstration and 3D specimens

Target Audience: Paediatric Cardiologist, Adult Cardiologist, Cardiothoracic Surgeons, Pathologist, Radiologist and Pediatricians, Fellows, Students and all involved in patient care

Organizing Secretary:

Prof. Sarasa Bharati

Director - Laboratory Services

cardiacpath@frontierlifeline.com

Contact details:

Cell - 9840863579

For Registration Contact:

Dr. Lydia Jeris. W

Cell : 9790315145

Dr. Jemima Kingsley

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FACULTY

Dr. Saroja Bharati

Dr. Raghavan Subramanyan

Dr. Robert Coelho

Dr. R. Jebaraj

Dr. Suresh Rao

Dr. Sarasa Bharati



TOPIC : Tetralogy of Fallot

- Morphology
- Echocardiography and Cath Imaging
- Role of CT /MRI
- Percutaneous intervention
- Surgical strategies
- Genetics

PAYMENT DETAILS

Account Number:

497504010029339

Beneficiary Bank:

UNION BANK OF INDIA

IFSC CODE: UBIN0549754

SWIFT CODE: UBININBOMB

MICR CODE: 600026018

Registration fee:

Early Bird - On or before 20th Jan 2019

- Delegates - Rs. 1500
- Postgraduates - Rs. 750
- ❖ **ONSITE : Rs.2,500**

For registration kindly visit

www.frontierlifeline.com or www.frontiermediville.com

DETAILS ABOUT REGISTRATION:

- Registration will be confirmed after receiving full payment. Those who do not receive a confirmation notice before the workshop, are requested to contact the organizing secretary at cardiacpath@gmail.com
- Only participants who complete their registration will be included in the program.
- The date of payment is decisive for the registration fee. Even if the registration form is received before the deadline, it will not be considered as registration if the payment has not been received before the deadlines.
- Frontier Mediville plans to take photographs and video material at the workshop and reproduce them in educational, news or promotional material, whether in print, electronic or other media, including the Mediville website. By participating at the workshop, you grant the organizing committee the right to use your name, photograph and biography for such purposes. All postings become the property of Mediville. Postings may be displayed, distributed or used by Mediville for any purpose.

HOW TO REGISTER?

Step 1: Download the registration form below in PDF/ MS Word format and fill up the form with necessary details

Step 2: Kindly make the payment through net banking and mention the payment reference ID in the separate column mentioned in the registration form.

Step 3: Kindly mail the completed registration form with **payment reference ID** and **signed declaration** to cardiacpath@gmail.com on or before 20th Jan 2019.

Note: A confirmation mail will be send within 2 working days of receiving the payment

REGISTRATION FORM

In order to complete the registration process, kindly complete and submit the form below.

All fields are required.

Name:

Age / Gender:

Designation:

Institution:

Address of communication:

Country:

Phone:

Email:

What is your primary specialty?

How did you come to know about the workshop?

Do you need transport to the venue?

Program Fee:

Inclusive of Transport to Frontier Mediville, science park from Frontier Lifeline Hospital + Lectures + Workshop + Lunch

Category	Pay by 20 th January 2019	Spot
Delegate	1500 Rs	2500 Rs
*Postgraduate Student	750 Rs	2500 Rs

*PG Students should submit a bonafide letter from the Head of the Department

Payments details:

Beneficiary Name: M/S FRONTIER LIFELINE PVT LTD

Account Number: 497504010029339

Beneficiary Bank: UNION BANK OF INDIA

IFSC CODE: UBIN0549754

SWIFT CODE: UBININBBOMD

MICR CODE: 600026018

PAYMENT REFERENCE NUMBER

In case of emergency, please list a contact name and phone number:

Name: _____ Phone: _____

Cancellation Policy:

Cancellations cannot be made via the online website and must be made in writing to the organizing secretary. Direct your correspondence to accounts@frontierlifeline.com

- If written notice of cancellation is received at our Office on or before Feb 15th, 2019, the registration fee will be refunded after the meeting, less of administrative fee.
- Cancellations received on or after Feb 15th, 2019- No refund, name change will be available.

Please note that registration refunds will be processed within 30 days after the end of the workshop and bank charges will be deducted from the refund.

Important!

Information to the delegates:

1. Mediville Frontier science park is about 50 kms from Frontier lifeline hospital. Transport from Frontier lifeline hospital to Frontier Mediville science park will be arranged for the delegates. **A bus will leave at 7.30 am sharp from Frontier lifeline hospital.**
2. Delegates arranging their **own transport should make sure to be at the venue (Frontier Mediville) before 8.30 am.**
3. Refreshments during breaks and lunch will be provided at the venue
4. **We don't provide accommodation** for the delegates. However, we can help in arranging local accommodation at your own expenses.
5. After the workshop, **all delegates will be dropped at Frontier lifeline hospital.**
6. Delegates who wish to **leave the workshop early should make their own travel arrangements.**
7. International delegates who needs an invitation letter for visa applications can send a written request to drkmc@frontierlife.com .

Declaration:

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that my registration to the workshop will be cancelled.

Name:

Signature:

Date:

Any message or information you would like to convey to us.