



INDIAN CHAMBER OF COMMERCE

# **3RD HEALTHCARE SUMMIT**

**23RD MARCH 2010**

**The Oberoi Grand, Kolkata  
Reply Form**

**The following participant/participants will attend the Summit**

Name: \_\_\_\_\_ Designation \_\_\_\_\_

Name: \_\_\_\_\_ Designation \_\_\_\_\_

Name: \_\_\_\_\_ Designation \_\_\_\_\_

Name: \_\_\_\_\_ Designation \_\_\_\_\_

Name: \_\_\_\_\_ Designation \_\_\_\_\_

Name: \_\_\_\_\_ Designation \_\_\_\_\_

Nominated by.....Designation.....

Name of the Organisation.....

Address.....

.....

Phone: ..... Fax: .....

Email: .....

Note: ***Before returning this form, please make sure you keep a copy of this for your records***

*Please send/ fax this form to:*

**Dipankar Chaudhury/Abhijit Sengupta**

Indian Chamber of Commerce,

ICC Towers, 4, India Exchange Place, Kolkata – 700001.

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