

2nd International Conclave on Total Quality Management And Recent Trends in Transfusion Medicine

Friday 19th to Sunday 21st February 2016

6th Floor, Convention Centre, Kokilaben Dhirubhai Ambani Hospital,
Mumbai, India

Organized by

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Programme Highlights

- **Donors as Backbone of Transfusion Services**
- **Blood Safety**
- **Blood Components: Core Ingredients**
- **Immuno-haematology: Permutataions & Combinations**
- **Clinical Practices of Transfusion**
- **Quality Management**
- **Hemovigilance**

Pre-conference Workshops

- **Basics of Coagulation/TEG**
- **Wet workshop on Immuno-haematology**
- **Workshop on Quality Control in TTI Screening**

Applied For MMC Credit Points

Organising Secretary

Dr. Nidhi Mehta

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Hosted by

Department of Transfusion Medicine

Kokilaben Dhirubhai Ambani Hospital

4 Bunlows, Andheri (W), Mumbai - 400053

FIRST ANNOUNCEMENT: CALL FOR ABSTRACTS AND PRELIMINARY REGISTRATION

We are pleased to announce the 2nd “International Conclave - Total Quality Management and Recent Trends in Transfusion Medicine” commencing on 19th February 2016 in Mumbai, India. We invite professionals in the field of Transfusion Medicine, PG students, young scientists, technical officers, nurses and practitioners to discuss and explore the evolutionary trends in the field of Transfusion Medicine.

The Conference will be organized with intriguing sessions, poster exhibitions, debates and quiz, along with workshops for a more practical and hands-on experience.

The official language of the conference is English, including lectures and printed materials.

Registration fees include delegate kit, lunch and entry to the lecture hall.

Registration Fees:

CATEGORY	Early Bird	Between 01-12-2015 to 01-02-2016	AFTER 01-02-2016 & on-the-spot registration
Delegates	₹ 1500/-	₹ 1750	₹ 2000/-
PG Students	₹ 750/-	₹ 1000	₹ 1500/-
Technicians	₹ 500/-	₹ 750	₹ 1000/-

Cheque/DD in favour of “Mandke Foundation” payable at Mumbai

Address for Correspondence:

Dr. Nidhi Mehta

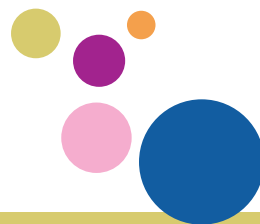
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Registration Form

Registration Category:

☐ Doctor ☐ Technician ☐ Nurse

Personal Information:

Salutation: ☐ Dr. ☐ Mr. ☐ Ms. ☐ Prof.

First Name: _____ Last Name: _____

Designation: _____

Organization/ Hospital: _____

Email Id: _____

MMC Number: _____

Contact Information:

Address: _____

City: _____ State: _____ Pin: _____

Mobile Number: _____ Tel No.: _____

Signature: _____

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