

To Whomsoever It

Subject: Acceptance of invitation for Medifest

Dear Sir,

We wish to participate at Medifest, premier m as on December 5-7, 2008 at Pragati Maidan, New I Invitee" at the event. We shall be very pleased to join th

I along with my institutional members aspire happening conferences. Please do issue us the pre-regi

Wish you all the best for the event!

Sincerely,

Sign & Stamp

Title..... Full Name Alka Kapoor

Designation Advent Age

Institution City X Ray + Scan Clinic

Contact Details 980962690

Phone No. (1) 28999090 (2) 25993335 (3)

Fax..... Mobile.....

E-Mail..... Web.....

No. of Beds in institution

Any future expansion plans

Any in-house pharmacy in hospital

If yes, tick mark the relevant option : Private Hospital Owned

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DR. SUNITA KAPOOR

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