

**20th INDO-US Flow-Cytometry Workshop on
Diagnosis of Primary Immunodeficiency (PID)
7th & 8th March, 2019**

REGISTRATION FORM

Personal/professional details

Name:

E mail ID:

Designation: _____ **Institution:** _____

Mailing Address:

Mobile number:

Experience in flow cytometry:

Signature of Applicant

Address for correspondence:

{ You are requested to send the filled registration form to reetikamalik@gmail.com }