



# REGISTRATION FORM

AAID-Maxicourse® Asia  
Venue- New Delhi



Name: \_\_\_\_\_  
(Kindly enter name as you would like it to appear on your Maxicourse® completion certificate)

D.O.B: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_

State of Registration/ Practicing: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Res Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fee Paid:  
USA fee payment of USD 7000 in favor of “Smile USA” by way of a demand Draft/Banker’s cheque payable at New Jersey,USA or by wire :  
Account No.:**20000 3904 6509**  
**Name of Bank: Wachovia Bank**  
**Address of Bank: 141 Elmora Ave, Elizabeth, NJ 07202**  
**Swift Code: PNBUS33**  
**ABA #: 031201467**

Mode of Payment \_\_\_\_\_

Date \_\_\_\_\_

Details \_\_\_\_\_  
 New Delhi fee payment of INR 50000 +12.5% in favor of Macicourse®- India by the way of demand draft payable at New Delhi as applicable

DD # \_\_\_\_\_

Date \_\_\_\_\_

Bank \_\_\_\_\_

I acknowledge that I have made myself aware of all the terms and conditions and disclaimers listed in this website and in the Maxicourse® brochure

Mail/Fax Payment to  
Dr. Brij Sabherwal  
E-7 Lajplat Nagar-III  
New Delhi

Fax

Mail to your regional coordinator as applicable \_\_\_\_\_ Signature