

## AIM - ADMIRE Interventional Masterclass

Venue: M Convention Centre, Chennai

## Receipt

Date: 01-01-1970

Receipt No: 0000

### Docto Technologies Private Limited

Shakti Towers - 1, 766 Executive Zone, Anna Salai, Chennai Tamil Nadu 600002, India

GSTIN: 33AAICD4007D1Z9

#### Participant details

Registration Number: **AIM0000**

Name:

Email address:

Mobile number:

Desingation: -

PG College/University Name: -

IADVL Member: **No**

#### Payment details

Payment mode: **Online**

Transaction ID:

#### Program details

Type: **Conference Only**

Days: **Day Pass** (-June-2025)

Accommodation:

#### Contact Us

Email: [contact@admireacad.com](mailto:contact@admireacad.com)

Phone: +91 63742 12772

#### Terms & Conditions

1. This receipt confirms your registration for the AIM - ADMIRE Interventional Masterclass.
2. Please present this receipt at the registration desk on the event day.

Thank you for your business

This is an electronically generated receipt, no signature required.