

Venue: Hotel Cidade Goa | Date: 15th to 17th June, 2018

REGISTRATION FORM (PLEASE FILL IN UPPER CASE)

Surname: First Name:

Postal Address:

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City: Pincode: State: Country:

Email (Please mention active email ID):

Tel. (with area code): Residence: Office:

(MANDATORY) Mobile: Fax:

Accompanying person Name: 1.....2.....

All future communications will be through email and mobile via SMS. (Please mark in the box)

Residential Twin sharing Single Accompanying person

Non-Residential Surgeon PG* Student

*certificate from HOD is mandatory

Mode of Payment: Cheque / DD No. Dated..... Drawn on.....

..... Bank favouring "**Academy of Orthopaedics and Trauma**"

Delegates can register online on www.vamaevents.com (online charges as applicable)

Please send the duly filled registration form along with DD / Cheque to:

Registration Secretariat:

Vama Events Pvt. Ltd.

Office No. 4, Gr. Floor, Anmol CHS, Sakharam Keer Road, Shivaji Park, Mumbai 400 016 Tel. : +91 22 - 2438 3498

Telefax : +91 22 - 2438 3499 | Email : vamahospitality@hotmail.com