



December 1 - 3, 2017  
 Hotel Grand Hyatt, Santacruz, Mumbai



**REGISTRATION FORM** (PLEASE FILL IN UPPER CASE)

Surname: ..... First Name: ..... Middle Name: .....

Postal Address: .....

..... City: ..... Pincode: .....

State: .....Country: .....

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

(MANDATORY) Mobile: ..... Active E-mail ID: .....

All future communications will be through email and mobile via SMS.

Accompanying Person Name: 1..... 2.....

Preferred Room Partner (in case of Twin Sharing Occupancy): .....

BOS Member:  YES  NO If yes, BOS Membership No.: .....

**Category:** (Please tick mark in the box)

Non-Residential Registration	Residential Registration <input type="checkbox"/> 2 Nights/3 Days <input type="checkbox"/> 3 Nights/4 Days
<input type="checkbox"/> BOS Member	<input type="checkbox"/> Single Room
<input type="checkbox"/> Non Member	<input type="checkbox"/> Twin Sharing
<input type="checkbox"/> Accompanying Person	<input type="checkbox"/> Accompanying Person

**Payment Mode**

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

..... Amount ..... Branch .....

Please send DD/ Cheque in favour of **"BOMBAY ORTHOPAEDIC SOCIETY"** payable at Mumbai.

Delegates can register online on [www.wiroc.in](http://www.wiroc.in) (Online charges as applicable)

**Dr. Harshad Argekar**  
 Organizing Secretary  
 Mob: +91 98206 54780

**Dr. Neeraj Bijlani**  
 Organizing Secretary  
 Mob: +91 98920 21844

E-mail: [secretary@wiroc.in](mailto:secretary@wiroc.in)

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

**WIROC 2017**

C/o Vama Events Pvt. Ltd., Office No. 4, Gr. Floor, Anmol C.H.S., Sakharam Keer Road, Parallel to L. J. Road, Shivaji Park, Mumbai 400 016 | Tel.: + 91 22 2438 3498 | Telefax: + 91 22 2438 3499 Email: [vamahospitality@hotmail.com](mailto:vamahospitality@hotmail.com)