



53rd Annual Conference of
Bombay Orthopaedic Society

Date : 21st, 22nd & 23rd December, 2018
Venue : Renaissance Mumbai Convention Centre Hotel
Vision Orthopaedicus... Navigating the Future...



Registration Form

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 :

Registration Category: (Please ✓ mark in the box)

Non-Residential Registration	Residential Registration (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 (Online charges as applicable)

E-mail: secretary@wiroc.in

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

WIROC 2018

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: conferences@vamaevents.com