

54TH ANNUAL CONFERENCE OF BOMBAY ORTHOPAEDIC SOCIETY

20th - 22nd December, 2019

Renaissance Mumbai Convention Centre Hotel, Powai



REGISTRATION FORM

(PLEASE FILL IN UPPER CASE) Fields marked * are mandatory

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 mbile via SMS.

Accompanying person Name: 1. 2.

Preferred Room Partner (in case of twin sharing occupancy):

BOS Member: [] YES [] NO If YES, BOS Membership Number:

Registration Category: (Please ✓ mark in the box)

Non Residential Packages:

[] BOS Member [] BOS Non-Member [] PG Student [] Accompanying Person [] Meet the Masters

Residential Packages: [] 2 Nights / 3 Days [] 3 Nights / 4 Days

[] BOS Member Twin Sharing [] BOS Non-Member Twin Sharing [] BOS Member (Single Room)

[] BOS Non-Member (Single Room) [] Accompanying Person [] Meet the Masters

Mode of Payment: Cheque / DD No. Dated

Drawn on

Amount Branch

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

Delegates can register online on www.wiroc.in (Online charges as applicable)

Email: secretary@wiroc.in

Please send the duly filled registration form along with DD / Cheque to: WIROC 2019

C/o Vama Events Pvt. Ltd. Office No. 4, Gr. Floor, Anmol CHS, Sakharam Keer Road, Shivaji Park, Mumbai 400 016

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