



Pioneering progress, honouring legacy...

## 59<sup>TH</sup> ANNUAL CONFERENCE OF BOMBAY ORTHOPAEDIC SOCIETY

**DATES: 20<sup>TH</sup> - 22<sup>ND</sup> DECEMBER 2024**

**VENUE: JW MARRIOTT MUMBAI SAHAR**



**BOMBAY  
ORTHOPAEDIC  
SOCIETY**

### REGISTRATION FORM

(Please fill in UPPER CASE) Fields marked \* are mandatory)

Surname\*: ..... First Name\*: ..... Middle Name\*: .....

Postal Address\*: .....

..... City\*: .....

State\*: ..... Pincode\*: ..... Country\*: .....

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

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

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

Accompan Lorem ipsum

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

1. Medical Council Registration No.: ..... 2. State of Medical Council: .....

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

##### RESIDENTIAL PACKAGE: ☐ 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

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](http://www.wiroc.in) (Online charges as applicable)**

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

**WIROC 2024**

**C/o Vama Events Pvt. Ltd.**

Kohinoor Square Phase I, B Wing, Office No. 1004, 10th Floor, N. C. Kelkar Road, Shivaji Park, Dadar West, Mumbai 400 028.

**Tel.: 022 35131930 / 31 / 32 / 33 / 022 46052832 | Email: [wiroc@bombayorth.com](mailto:wiroc@bombayorth.com)**