

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 PACKAGE

☐ BOS Member ☐ Non Member ☐ PG Student* ☐ Accompanying Person

*Certificate from HOD is mandatory

RESIDENTIAL PACKAGE (3 Nights / 4 Days)

☐ BOS Member (Twin Sharing) ☐ BOS Non-Member (Twin Sharing) ☐ Accompanying Person
☐ BOS Member (Single Room) ☐ BOS Non-Member (Single Room)

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)

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

Conference Secretariat: **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.: 022-35406187, 35106391, 35406576, 35406579 | Email: conferences@vamaevents.com