

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

Dates: March 25-27, 2022

## Renaissance Mumbai Convention Centre Hotel, Powai

PRESIDENTIAL THEME



/Dlagge fill in LIDDED CACE) Field



REGISTRATION FORM		(Please IIII III OPPER CA	ASE) FIEIUS IIIai Reu - ai e IIIaiiuatu
Surname*:	First Name*:	Mid	dle Name*:
Postal Address*:			
		City*:	
State*:	Pincode*:	Country	*.
Tel. (with area code): Residence:		Offic	ce:
(MANDATORY)Mobile*:	Active E	E-mail ID*:	
All future communications will be	through email and n	nobile via SMS.	
Accompanying person Name: 1		2	
Preferred Room Partner (in case of tw	win sharing occupancy)	):	
BOSMember: [ ] YES [ ] NO	If YES, BOS Memb	pership Number:	
REGISTRATION CATEGORY: (PLEA	SE ✔ MARK IN THE	BOX)	
NON RESIDENTIAL PACKAGES:			
[ ] BOS Member [ ] BOS Non-	Member [ ] PGS	tudent [ ] Accompany	ing Person
RESIDENTIAL PACKAGES: [ ] 2	NIGHTS/3 DAYS [	[ ] 3 NIGHTS / 4 DAYS	
[ ] BOS Member (Twin Sharing)	[ ] BOS Nor	n-Member (Twin Sharing)	[ ] BOS Member (Single Room
[ ] BOS Non-Member (Single Roo	m) [ ] Accompa	anying Person	
Mode of Payment: Cheque / DD No.: .		Dat	ed:
Drawn on:			
Amount:		Branch:	
Please send DD / At Par Cheque, in fav			ble at Mumbai.
Delegates can register online on www	w.wiroc.in (Online charg	ges as applicable)	

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

## **WIROC GLOBAL**

C/o Vama Events Pvt. Ltd.