



Registration Form

*Surname: *First Name:

*Postal Address:

..... *City *Pin Code:

State: Country:

*Email (Please mention active Email ID):

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

..... *Mobile: Fax:

Accompanying Person Name 1: Name 2:

Meal preference: Veg / Non Veg Category: [] Senior Citizen

Non-Residential [] Residential [] Single Occupancy [] Double Occupancy []

Choice of Room Partner

(*MANDATORY)

Residential Package

2 Nights

[] Delegate on twin Sharing Basis (Per Person)

[] Delegate with One Accompanying Person

[] Delegate on Single Occupancy Basis

3 Nights

[] Delegate on twin Sharing Basis (Per Person)

[] Delegate with One Accompanying Person

[] Delegate on Single Occupancy Basis

Hands on Cadaveric Workshop Details

[] Basic Knee (only 30 Delegates)

[] Basic Shoulder (only 30 Delegates)

[] Advanced Knee (only 20 Delegates)

[] Advanced Shoulder (only 20 Delegates)

Non Residential Package

[] Surgeon

[] PG Student

[] Accompanying Person

**CONFERENCE REGISTRATION IS MANDATORY
FOR ATTENDING HANDS ON WORKSHOP**

Mode of Payment: Cheque/DD No. Dated drawn on

..... DD favouring 'ARTHROSCOPY ACADEMY' payable at Mumbai

Please send duly filled Registration Form along with DD/ Cheque to:

Dr. Roshan Wade, Course Director

C/o VAMA EVENT, Office No 4, Gr. Floor, Anmol Cooperative Housing Society, Sakharam Keer Road,
Parallel to L. J. Road, Shivaji Park, Mumbai 400016

Please send your photo along with this form • All future communications will be through e-mail and Mobile via SMS.