

REGISTRATION FORM

Name: _____ Age: _____

Address: _____

Mobile No: _____ Email Id: _____

Hospital / Clinic: _____

DOA Member: Yes / No. Membership No: _____

PG / DNB Trainee: Yes / No. If yes, Hospital / Institute: _____

Note: PG student has to submit letter from HOD

WORKSHOP REGISTRATION

Workshop Option (subjected to availability of seats): 1. _____ 2. _____

In case of non-availability of workshop of choice, are you willing to accept other options? Yes / No

Conference registration			
	Till 30 th Sept.	Till 31 st Oct	Spot
Post Graduate	Rs. 750/-	Rs. 1000/-	Rs. 2000
Member	Rs. 1000/-	Rs. 1500/-	Rs. 2500
Non –Member	Rs. 1500/-	Rs. 2000/-	Rs. 3000
Knee Arthroscopic ACL & PCL Cadaveric workshop	Rs. 4000/-	Rs. 6000/-	NA
Deltpectoral Approach and Latarjet Cadaveric Workshop	Rs. 3000/-	Rs. 5000/-	NA
Both Cadaveric Workshop	Rs. 6000/-	Rs. 10000/-	NA
Saw Bone Workshop	Rs. 2000/-	Rs. 3000/-	NA

Mark tick whichever Applicable

In case of all senior orthopedic surgeons above the age of 65 years are our honored guests but are requested to fill up the registration/Google form without any fee.

PAYMENT DETAILS

Cheque/DD to be made in name of "Society for Orthopaedics research and training LHMC"

NEFT Details: - Account No.

IFSC Code

Bank Name

5116081042

CBIN0283462

Central Bank of India (LHMC Branch)

Total Amount: _____ Mode: DD/Cheque/NEFT; Number: _____

Dated: ____/____/2021

Drawn on Bank: _____

Submit DD/Cheque along with offline form to Department of Orthopaedics, LHMC. Google form is must whatever payment mode is selected by delegate.