



65th Annual Conference of INDIAN ORTHOPAEDIC ASSOCIATION

Presidential Theme: Excellence & Perfection in
Orthopaedic Education & Patient Care: An Achievable Vision



Dates: December 15 - 20, 2020 | Venue: Jio World Center, BKC, Mumbai

REGISTRATION FORM

Title: Prof. Dr. Mr. Ms. Mrs. **Gender:** Male Female **Date of Birth:** _____

First Name: _____ Last Name: _____

Medical Council Registration No.*: _____ State of Medical Council*: _____

Postal Address*: _____

City: _____ State: _____ Pin: _____

Country: _____ IOA Life Membership No.*: _____

Mobile*: _____ E-mail*: _____

(* Mandatory field) *All future communications will be through given above email id and mobile
(Please mark in the box)

- | | |
|---|---|
| <input type="checkbox"/> Member | <input type="checkbox"/> Non Member |
| <input type="checkbox"/> Accompanying Person (Child Above 8 Years) | <input type="checkbox"/> PG Student |
| <input type="checkbox"/> International Delegate | <input type="checkbox"/> International Delegate (Accompanying Person) |
| <input type="checkbox"/> SAARC Delegate | <input type="checkbox"/> SAARC Delegate (Accompanying Person) |
| <input type="checkbox"/> Guest Nation Delegates | <input type="checkbox"/> Trade Delegate |
| <input type="checkbox"/> Senior Citizen (IOA Member Above 65 Years) | |

CME

- | | | |
|---|---|---|
| <input type="checkbox"/> Member | <input type="checkbox"/> Non Member | <input type="checkbox"/> PG Student |
| <input type="checkbox"/> Accompanying Person | <input type="checkbox"/> International Delegate | <input type="checkbox"/> SAARC Delegate |
| <input type="checkbox"/> International Delegate (Accompanying Person) | <input type="checkbox"/> SAARC Delegate (Accompanying Person) | |
| <input type="checkbox"/> Guest Nation Delegates | | |

BANQUET

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Indian Delegate | <input type="checkbox"/> International Delegate | <input type="checkbox"/> SAARC Delegate | <input type="checkbox"/> Guest Nation Delegates |
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I am enclosing here with a Cheque/Demand Draft No. _____ dated _____

for _____ (in words: _____)

only drawn on _____ in favor of "IOACON 2020 MUMBAI" payable at Mumbai

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

Conference Secretariat:

Dr. Ram Chaddha (Organising Secretary, IOACON 2020)

C/o Vama Events Pvt. Ltd., Office No. 4, Gr. Floor, Anmol CHS, Sakharam Keer Road, Shivaji Park, Mumbai 400 016

Tel.: +91 22 - 2438 3498 / 3499 | Email: ioacon2020secretariat@gmail.com