

Registration Form



55th
Annual Conference of
Indian Orthopaedic Association
ioacon
2010

9th-14th Dec. 2010
Jaipur

Name: _____

First Name

Middle Name

Surname

Institution _____ Designation _____

Correspondence Address _____

City _____ Pin Code _____

State _____ Country _____

Phone (Res.) _____ Phone off./ Hosp _____

Fax _____ E-Mail _____

Accompanying Persons Name (Spouse and children over 10 years)

1. _____ 2. _____

3 _____ 4 _____

FEE DETAILS

IOA Membership No. _____

A. Conference (Category): Rs. _____ B. CME: Rs. _____

C. Workshops: Rs. _____ D. Incidental Charges Rs.150/-

E. Accompanying Persons Rs. _____ F. Banquet Rs. _____

Total Rs. _____ (Rupees _____) only

WORKSHOP (Write workshop name in order of preference)

1. 2 3

I am enclosing herewith a demand draft No _____ dated. ___/___/___

For Rs. _____ (Rupees _____)

_____ only) drawn on bank _____

in favour of "IOACON 2010" payable at Jaipur.

Signature of the delegate

Please mail the completed Registration Form along with payment to :

Dr. Rakesh Bhargava

Organising Secretary, IOACON-2010

R-2 Tilak Marg, C-Scheme, Jaipur- 302005

Phone : 0141-5131236 / 37, Telefax : 0141-2221695

Email : info@ioacon2010.org / drakesh@ioacon2010.org

Website : www.ioacon2010.org

For Office Use only

Receipt No.

Registration No.