

SUSPENSORY CON 2023

Registration Form

Surname*: First Name*:

Postal Address*:

City*: Pincode*: State*:

Country*: Medical Council No

GST No.

Active E-mail ID*:

Mobile*:

Current Institute Current Position.....

Educational Qualification

Current area of work - Knee Shoulder Ankle

All future communications will be through email and mobile via SMS.

Preferred Room Partner (in case of twin sharing occupancy):

Category: (Please ✓ mark in the box)

Non Residential

Surgeon

Residential - 2 Nights 3 Days

Single Occupancy

Twin Sharing with another doctor

Delegate With 1 Accompanying person

Payment Details

Multicity Cheques or DD should be in the name of "Arthroscopy Academy"

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

..... Amount Branch

Conference Secretariat



RNS Events & Exhibitions

INDIA | UAE | THAILAND | SINGAPORE

B/8 Market Building, Ground Floor, Chafekar Bandhu Marg, Mulund East, Mumbai - 400081

Email : projects@rnsevents.com