



XVI ANNUAL CONFERENCE OF INDIAN ARTHROSCOPY SOCIETY



October 12th - 15th, 2017

VENUE: MARRIOTT HOTEL JAIPUR

REGISTRATION FORM

Surname: First Name:

Postal Address:

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..... City:..... Pincode:.....

State:..... Country:

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

(MANDATORY) Mobile:..... Active E-mail ID:

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

Accompanying Person Name:

1.....

2.....

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

Category : Residential Registration (Kindly mark in the box)

2 Nights / 3 Days
(Check-in: 13th Oct., 2017 | Check-out: 15th Oct., 2017)

3 Nights / 4 Days
(Check-in: 12th Oct., 2017 | Check-out: 15th Oct., 2017)

Residential Single Occupancy

Residential Single Occupancy

Residential Twin Sharing Occupancy

Residential Twin Sharing Occupancy

Delegates with One Accompanying Person

Delegates with One Accompanying Person

Category : Non-Residential (Kindly mark in the box)

IAS Members

PG Student* (*Certificate from Head of the Department (HOD) is compulsory.)

Non Members

Payment Mode

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

Amount Branch

Cheque / DD in favour of "Rajputana Arthroscopy Society" payable at Jaipur.

Delegates can also register online on www.iasconjaipur2017.com (Online charges as applicable)

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

Conference Secretariat:

Vama Events Pvt. Ltd.

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Telefax : +91 22 - 2438 3499 | Email : vamahospitality@hotmail.com