



ASIA PACIFIC ARTHROPLASTY SOCIETY

21ST - 24TH AUGUST 2024 | WESTIN POWAI LAKE, MUMBAI

REGISTRATION FORM

(PLEASE FILL IN UPPER CASE)

Fields marked * are mandatory

Surname*: First Name*:

Postal Address*:

City*: Pin code*: State*: Country*:

Membership No.*: Medical Council No.*:

Tel. (with area code): Residence: GST No.

Active E-mail ID*: Mobile*:

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

Category: (Please ✓ mark in the box)

<p>NON RESIDENTIAL</p>	<p>RESIDENTIAL</p> <p><input type="checkbox"/> 2 Nights - 3 Days <input type="checkbox"/> 3 Nights - 4 Days</p>
<p><input type="checkbox"/> Member</p> <p><input type="checkbox"/> Non Members</p> <p><input type="checkbox"/> PG Student</p> <p><input type="checkbox"/> Accompanying Person</p>	<p><input type="checkbox"/> Twin sharing (Per Person)</p> <p><input type="checkbox"/> Single Occupancy</p> <p><input type="checkbox"/> Delegate + 1 AP</p>

PAYMENT DETAILS

Multicity Cheques or DD should be in the name of "VAMA EVENTS PVT. LTD." payable at "Mumbai"

Bank Name: Bank of Maharashtra
Account No.: 60389049377

Branch: Shivaji Park, Dadar Mumbai
IFSC No.: MAHB0000302



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