



## ASIA PACIFIC ARTHROPLASTY SOCIETY

21<sup>ST</sup> - 24<sup>TH</sup> AUGUST 2024 | WESTIN POWAI LAKE, MUMBAI

### REGISTRATION FORM

(PLEASE FILL IN UPPER CASE)

Fields marked \* are mandatory

Surname\*: ..... First Name\*: .....

Postal Address\*: .....

City\*: ..... Pincode\*: ..... 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)

#### NON RESIDENTIAL

#### RESIDENTIAL

- Member
- Non Members
- PG Student
- Accompanying Person

- 2 Nights - 3 Days  3 Nights - 4 Days
- Twin sharing (Per Person)
- Single Occupancy
- Delegate + 1 AP

### PAYMENT DETAILS

Multicity Cheques or DD should be in the name of "ASIA PACIFIC ARTHROPLASTY SOCIETY INDIA" payable at "Vadodara"

Bank Name: ICICI BANK LTD.  
Account No.: 085505001855

Branch: Vadodara - Akota Branch  
IFSC No.: ICIC0000855



#### Conference Secretariat:

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