



SILVER JUBILEE CONFERENCE OF PAEDIATRIC ORTHOPAEDIC SOCIETY OF INDIA

REGISTRATION FORM (PLEASE FILL IN UPPER CASE) Fields marked * are mandatory

Surname*: First Name*:

Male Female POSI Member BOS Member MOA Member IOA Member

POSI / BOS / MOA / IOA Life Membership Number:

Postal Address*:

..... City*: Pincode*:

State*: Country*:

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

Active E-mail ID*: Mobile*:

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):

(If not mentioned **Organizing Team Will Allot Room Partner**)

(Please ✓ mark in the box)

Non-Residential Registration: POSI / BOS / MOA / IOA Member Non Member PG* Student
 International Delegate Non Indian/SAARC Countries/Low and Low Middle Income Countries Delegate

Residential Registration (Package): 4 Nights/5 Days 3 Nights/4 Days

Residential Registration (Category): Indian Delegate International Delegate PG* Student
 Non Indian/SAARC Countries/Low and Low Middle Income Countries Delegate POSI / BOS / MOA / IOA Member

Residential Registration (Occupancy): Delegate on Twin Sharing Delegate with 1 accompanying person
 Delegate on Single occupancy PG Student on Twin Sharing

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

..... Amount Branch

Please make payment by DD / At Par Cheque, payable at Mumbai in favour of "POSICON 2019"

Delegate can register online on www.posi.in (Online charges as applicable)

***PG students should attach letter of certification from HOD**

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

Conference Secretariat: **Vama Events Pvt. Ltd.**

Office No. 4, Gr. Floor, Anmol CHS, Sakharam Keer Road, Shivaji Park, Mumbai 400 016
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