



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	OA Member
POSI / BOS / MOA / IOA Life Member	ship Number:			
Postal Address*:				
	City*:.		Pincode*:	
State*:				
Tel. (with area code): Residence:	Office:			
Active E-mail ID*:				
Accompanying person Name: 1	1			
Preferred Room Partner (in case of twin sharing occupancy):				
Non-Residential Registration:	POSI / BOS / MOA			PG* Student untries/Low and Low Middle gate
Residential Registration (Package): 4 Nights/5 Days 3 Nights/4 Days				
Residential Registration (Category):		ate Inte		PG* Student POSI / BOS / MOA / IOA Member
Residential Registration (Occupancy		n Twin Sharing n Single occupancy	Delegate with 1 ac	companying person n Sharing
Mode of Payment: Cheque / DD No				
Please make payment by DD / At Par Cheque, payable at Mumbai in favour of "POSICON 2019"				
Delegate can register online o *PG students should attach letter of o	= :		s applicable)	

Please send the duly filled registration form along with DD / Cheque to: Conference Secretariat: Vama Events Pvt. Ltd.