



62nd Annual Conference of
Indian Orthopaedic Association



December 26-31, 2017 | Brilliant Convention Centre, Indore, M.P. (India) | Web: ioacon2017.com

ACCOMODATION FORM (PLEASE FILL IN UPPER CASE)

Surname:

First Name: Middle Name:

Postal Address:

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..... City: Pincode:

State: Country:

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

(MANDATORY) Mobile:

Active E-mail ID:

No. of Rooms: No. of Occupants:

Occupancy : Single Double

Hotel Names (Kindly mark in the box)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Hotel Radisson Blu | <input type="checkbox"/> Hotel Jalsa | <input type="checkbox"/> Hotel Best Western | <input type="checkbox"/> Hotel Kings Park |
| <input type="checkbox"/> Hotel Mangal City | <input type="checkbox"/> Hotel President | <input type="checkbox"/> Hotel Solaris | <input type="checkbox"/> Hotel Malwa County |
| <input type="checkbox"/> Hotel Silver Shed | <input type="checkbox"/> Hotel Daksh Residency | <input type="checkbox"/> Hotel Linear Inn | <input type="checkbox"/> Hotel Ashoka |
| <input type="checkbox"/> Hotel SVL | <input type="checkbox"/> Hotel Siddhant | <input type="checkbox"/> Hotel Diamond Inn | |

Payment Mode:

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

..... Amount Branch

Please send DD/ Cheque in favour of **"OVERSEAS TOURS"** payable at **INDORE**.

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

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