



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

REGISTRATION FORM (PLEASE FILL IN UPPER CASE)

Surname:

First Name: Middle Name:

Postal Address:

.....

.....

..... City: Pincode:

State: Country:

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

(MANDATORY) Mobile: Active E-mail ID:

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

Accompanying Person Name: 1..... 2.....

3..... 4.....

Conference Registration (Kindly mark in the box)

- | | |
|---|---|
| <input type="checkbox"/> IOA Member (Life Membership No.) | <input type="checkbox"/> Non-Member |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Accompanying Child Above 8 Years |
| <input type="checkbox"/> Foreign Delegate (Accompanying Person) | <input type="checkbox"/> SAARC Member |
| <input type="checkbox"/> Trade | <input type="checkbox"/> Senior Citizen (IOA Member) |
| | <input type="checkbox"/> Foreign Delegate |
| | <input type="checkbox"/> SAARC Delegate (Accompanying Person) |
| | <input type="checkbox"/> PG Student |

CME (Kindly mark in the box)

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Member | <input type="checkbox"/> Non-Member | <input type="checkbox"/> Accompanying Person |
| <input type="checkbox"/> PG Student | <input type="checkbox"/> SAARC Delegate | <input type="checkbox"/> Foreign Delegate |

BANQUET (Kindly mark in the box)

- | | | |
|--|---|---|
| <input type="checkbox"/> Indian Delegate | <input type="checkbox"/> SAARC Delegate | <input type="checkbox"/> Foreign Delegate |
|--|---|---|

Number of Persons:

December 26, 2017: **WORKSHOP** **P. G. COURSE**

(Kindly mark any two in the box. Also, mention the preference of choice)

- | | | |
|---|---|--|
| <input type="checkbox"/> Deformity Correction Course (2 Days) | <input type="checkbox"/> Plaster Technique & FCB | <input type="checkbox"/> TKR (Basic & Advanced) |
| <input type="checkbox"/> Hip Preservation | <input type="checkbox"/> Foot and Ankle | <input type="checkbox"/> Research Methodology |
| <input type="checkbox"/> Computer technology in Orthopaedics | <input type="checkbox"/> Cerebral Palsy - Case based Approach | |
| <input type="checkbox"/> Medicolegal & Consumer protection (½ day) & Financial Management & Office Management (½ day) | | |
| <input type="checkbox"/> Extended indications of Interlocking Nails | <input type="checkbox"/> Knee Preservation | <input type="checkbox"/> Ortho Oncology (Cadaver)* |
| <input type="checkbox"/> Cadaveric Pedicle Screw Fixation (Cadaver)* | <input type="checkbox"/> Lumbar Spine Intervention & Endoscopy (Cadaver)* | |

* Additional charge of Rs. 5000/- for Cadaveric Workshop (Seats limited to 50 seats for each cadaveric workshop)

Pref. 1:Pref. 2:

December 27, 2017: ICL & INTERACTIVE CASE DISCUSSION - FREE FOR ALL DELEGATES

(Kindly mark any two in the box. Also, mention the preference of choice, Limited seats)

- | | | |
|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Peri/Intra Articular Trauma | <input type="checkbox"/> Arthroplasty | <input type="checkbox"/> Infection |
| <input type="checkbox"/> Arthroscopy & Sports Medicine | <input type="checkbox"/> Spine | <input type="checkbox"/> Hand & Wrist |

Pref. 1:Pref. 2:

Wish to discuss your own case: Yes No (If yes, Speciality))

Kindly send your fully worked up case at: **info@ioacon2017.com** in PPT format. Only Selected cases will be discussed.

FREE TRIP TO UJJAIN (Kindly mark)

- | | | |
|---|--|-----------------------|
| <input type="checkbox"/> Yes. I would like to avail Free Trip to Ujjain | <input type="checkbox"/> No. I'm not interested! | No. of persons: |
|---|--|-----------------------|

Names of persons:

.....(Aadhar card copy of every visitor is mandatory)

PAYMENT MODE

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

..... Amount Branch

Please send DD/ Cheque in favour of "IOACON 2017" payable at **INDORE**.

For Online Payment / Bank transfer:

NAME OF ACCOUNT : IOACON 2017	NAME OF THE BANK : HDFC BANK
ACCOUNT NUMBER : 50200022690172	BANK ADDRESS : 5, Chandralok Colony, Khajrana Main Road,
IFSC CODE : HDFC0003693	Saket Nagar, Indore - 452001, Madhya Pradesh

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
Tel. : +91 22 - 2438 3498 | Telefax : +91 22 - 2438 3499 | Email : vama hospitality@hotmail.com