



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"/> Pelvi-Acetabular Trauma |
| <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"/> 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)

- Yes. I would like to avail Free Trip to Ujjain  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