



54TH ANNUAL CONFERENCE OF BOMBAY ORTHOPAEDIC SOCIETY

20th - 22nd December, 2019
Renaissance Mumbai Convention Centre Hotel, Powai



REGISTRATION FORM

(Please fill in UPPER CASE) Fields marked * are mandatory)

Surname*:First Name*:Middle Name*:

Postal Address*:

.....City*:

State*:Pincode*: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.....

Preferred Room Partner (in case of twin sharing occupancy):.....

BOS Member: [] YES [] NO If YES, BOS Membership Number:.....

REGISTRATION CATEGORY: (PLEASE ✓ MARK IN THE BOX)

NON RESIDENTIAL PACKAGES:

[] BOS Member [] BOS Non-Member [] PG Student [] Accompanying Person

RESIDENTIAL PACKAGES: [] 2 NIGHTS / 3 DAYS [] 3 NIGHTS / 4 DAYS

[] BOS Member Twin Sharing [] BOS Non-Member Twin Sharing [] BOS Member (Single Room)

[] BOS Non-Member (Single Room) [] Accompanying Person

MEET THE MASTERS:

FRIDAY, DECEMBER 20, 2019

SATURDAY, DECEMBER 21, 2019

[] Spine - Trauma & Tuberculosis

[] Spine - Degenerative problems in Cervical, Thoracic & Lumbar

[] Medicolegal

[] Trauma - Lower limb

[] Trauma - Upper Limb

[] Medicolegal

[] Arthroplasty - Hip

[] Arthroplasty - Knees

[] Hand

[] Paediatric Orthopaedics

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

Drawn on:

Amount: Branch:

Please send DD / At Par Cheque, in favour of "BOMBAY ORTHOPAEDIC SOCIETY" payable at Mumbai.

Delegates can register online on www.wiroc.in (Online charges as applicable)

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

WIROC 2019

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

Tel.: +91 22 - 2438 3498 / 3499 | Email: secretary@wiroc.in / conferences@vamaevents.com