

**REGISTRATION FORM**

(PLEASE FILL IN UPPER CASE)

Fields marked * are mandatory

Surname*: First Name*:

Postal Address*:

City*: Pincode*: State*: Country*:

Membership No. *: Medical Council No. *:

Tel. (with area code): Residence: GST No.

Active E-mail ID*: Mobile*:

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

Category: (Please ✓ mark in the box)

NON RESIDENTIAL**RESIDENTIAL**

- ☐ MP Chapter Member
☐ Non Member
☐ PG Student
☐ Accompanying Person

- ☐ 2 Nights - 3 Days

☐ Twin sharing (Per Person)
☐ Single Occupancy
☐ Delegate + 1 AP
☐ Banquet Dinner (INR 3000/- Extra)*

Bank Details:

Account Holder : **Jabalpur Orthopaedic Association**
Account Number : **019801001069**
Bank Name : **ICICI BANK**

Account Type : **Current**
IFSC Code : **ICIC0000198**
Branch : **NAPIER TOWN, Jabalpur**

SCAN TO PAY