



## 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** 2 Nights - 3 Days

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

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

**Bank Details:**

Account Holder : <b>Jabalpur Orthopaedic Association</b>	Account Type : <b>Current</b>
Account Number : <b>019801001069</b>	IFSC Code : <b>ICIC0000198</b>
Bank Name : <b>ICICI BANK</b>	Branch : <b>NAPIER TOWN, Jabalpur</b>

**SCAN TO PAY**