



CONFERENCE: 21<sup>ST</sup>, 22<sup>ND</sup>, 23<sup>RD</sup> JUNE 2024 | VENUE: OLEANDER FARMS, KARJAT

CADAVERIC WORKSHOPS: 21<sup>ST</sup> JUNE 2024

**VENUE: D. Y. PATIL AND MGM, NAVI MUMBAI** THEME: SAGITTAL ANOMALIES OF SPINE

## **REGISTRATION FORM**

(PLEASE FILL IN UPPER CASE) Fields marked\* are mandatory

Surname*:	First Name*:
Postal Address*:	
	y*:Pincode*:
State*:	Country*: PAN Card No.*:
Tel. (with area code): Residence:	Office:
Active E-mail ID*:	Mobile*:
All future communications will be through em	ail and mobile via SMS.
Medical Council registration number*	
Accompanying person Name: 1	2
Preferred Room Partner (in case of twir	sharing occupancy):
Category: (Please ✓ mark in the box)	
Non-Members Foreign D	elegates BSS Members PASS Members
Conference Registration Package	
NON-RESIDENTIAL	
BSS Members / PASS Members	Non-Members / Foreign Delegates
RESIDENTIAL	
Twin Sharing Occupancy	Single Occupancy
Delegate + Accompanying Person	
*Accompanying Person is a non-attendee or	f the academic sessions
Mode of Payment: Cheque / DD No	Dated Drawn on
Amount	Branch
Please make payment by DD / At Par Ched	que, payable at Mumbai in favour of ""
	kindly visit our website:
*Confirmation of registration will be gi	von hy o mail only

Conference Secretariat & Official PCO