





21, 22, 23, March 2025 | JW Marriott, Pune Theme: Navigating Complications & Complexities in Orthopaedic Trauma

## REGISTRATION FORM

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

Surname*:			
Postal Address*:			
City	y*:	Pincode*:	
State*:	. Country*:	PAN 0	Card No.*:
Tel. (with area code): Residence:		Office:	
Active E-mail ID*:		Mobile*:	
All future communications will be through email and mobile via SMS.			
Medical Council registration number*			
Accompanying person Name: 1		2	
Preferred Room Partner (in case of twin sharing occupancy):			
Category: (Please ✓ mark in the box)			
NON-RESIDENTIAL PACKAGES			
Delegate PG Stu	udent*	Accompanying Person	
RESIDENTIAL PACKAGES 2 NIC	GHTS / 3 DAYS	3 NIGHTS / 4 DAYS	
Delegate on Twin sharing basis per person Delegate on Single Occupancy Basis			
Delegate with One Delegate with One			
Mode of Payment: Cheque / DD No		Dated	Drawn on
Amount Branch			
For more details and to register online, kindly visit our website:www.punetraumacourse.com (online charges as applicable) *Confirmation of registration will be given by e-mail only.			

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