



# INDIAN ARTHROPLASTY ASSOCIATION

**Theme: Basic Techniques & Modern Technology: Transforming Lives!**

**Date: October 22 - 24, 2021**

**Venue: Renaissance Mumbai Convention Centre Hotel, Powai**



## REGISTRATION FORM

**Title:**  Prof.  Dr.  Mr.  Ms.  Mrs. **Gender:**  Male  Female **Date of Birth:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Medical Council Registration No.\*:** \_\_\_\_\_ **State of Medical Council\*:** \_\_\_\_\_

**IAA Membership No.:** \_\_\_\_\_

**Postal Address\*:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**Country:** \_\_\_\_\_ **Shirt size:**  S  M  L  XL  XXL

**Mobile\*\*:** \_\_\_\_\_ **E-mail\*\*:** \_\_\_\_\_

(\* Mandatory field) \*\*All future communications will be through given above email id and mobile  
(Please  mark in the box)

### Non-residential Package

- Delegate
- Accompanying Person
- PG Students

### Residential Package (2 Nights & 3 Days)

- Single Occupancy
- Twin Sharing
- Delegate with 1 Accompanying Person

### Residential Package (3 Nights & 4 Days)

- Single Occupancy
- Twin Sharing
- Delegate with 1 Accompanying Person

### Covid Vaccination Details

**Date of 1<sup>st</sup> Dose:** ..... **Date of 2<sup>nd</sup> Dose:**..... **Vaccination Ref. No.:** .....

I am enclosing here with a Cheque/Demand Draft No. \_\_\_\_\_ dated \_\_\_\_\_  
for \_\_\_\_\_ (in words: \_\_\_\_\_)  
only drawn on \_\_\_\_\_ in favor of "IAACON 2021" payable at Mumbai

**Conference Secretariat & Official PCO**

**Vama Events Pvt. Ltd.,** Office No. 4, Gr. Floor, Anmol C. H. S. Sakharam Keer Marg, Parallel to L. J. Road, Shivaji Park, Mumbai 400 016

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