

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 1st Dose: Date of 2nd Dose: Vaccination Ref. No.:

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

*Subject to govt regulations

Please send the duly filled registration form along with DD / Cheque to: Conference Secretariat & Official PCO

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

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