

Dates: 18th - 20th August 2017 | **Venue:** Hotel Leela, Chennai

REGISTRATION FORM (PLEASE FILL IN UPPER CASE)

Surname: First Name: Middle Name:

Postal Address:

..... City: Pincode:

State: Country:

Tel. (with area code): Residence: Office:

(MANDATORY) Mobile: Active E-mail ID:

All future communications will be through email and mobile via SMS.

Accompanying Person Name: 1..... 2.....

Preferred Room Partner (in case of Twin Sharing Occupancy):

.....

Category : Residential Package (Kindly mark in the box)

(Check In - 18th August, 2017 | Check Out - 20th August, 2017)

Delegate on Twin Sharing Basis Delegate On Single Occupancy Delegate + Accompanying Person

Category : Non-Residential Package (Kindly mark in the box)

Orthopaedic Surgeon Accompanying Person PG Student*
(*Certificate from HOD is compulsory.)

Payment Mode

Mode of Payment: Cheque / DD No. Dated Drawn on

..... Amount Branch

Please send DD/ Cheque in favour of **"APAS India"**

Delegates can register online on www.apasonline.org (Online charges as applicable)

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

Vama Events Pvt. Ltd. Office No. 4, Gr. Floor, Anmol CHS, Sakharam Keer Road, Shivaji Park, Mumbai 400 016
Tel. : +91 22 - 2438 3498 | Telefax : +91 22 - 2438 3499 | Email : vamahospitality@hotmail.com