

Dates: 21<sup>st</sup> to 25<sup>th</sup> December 2021 | Venue: Dr. Shyama Prasad Mukherjee Indoor Stadium, Goa

## 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\*: \_\_\_\_\_

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

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

Country: \_\_\_\_\_ IOA Life Membership No.\*: \_\_\_\_\_

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

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

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Member                                       | <input type="checkbox"/> Non Member                           | <input type="checkbox"/> SAARC Delegate |
| <input type="checkbox"/> Accompanying Person (Child Above 8 Years)    | <input type="checkbox"/> Guest Nation Delegates               | <input type="checkbox"/> Trade Delegate |
| <input type="checkbox"/> Senior Citizen (IOA Member Above 65 Years)   | <input type="checkbox"/> International Delegate               | <input type="checkbox"/> PG Student     |
| <input type="checkbox"/> International Delegate (Accompanying Person) | <input type="checkbox"/> SAARC Delegate (Accompanying Person) |   |

### Dr. K. T. Dholakia CME

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Member                                       | <input type="checkbox"/> Non Member                           | <input type="checkbox"/> PG Student     |
| <input type="checkbox"/> Accompanying Person (Child above 8 Years)    | <input type="checkbox"/> International Delegate               | <input type="checkbox"/> SAARC Delegate |
| <input type="checkbox"/> International Delegate (Accompanying Person) | <input type="checkbox"/> SAARC Delegate (Accompanying Person) |   |
| <input type="checkbox"/> Guest Nation Delegates                       |   |   |

### Banquet

- Indian Delegate  International Delegate  SAARC Delegate  Guest Nation Delegates

Number of Banquet Passes: \_\_\_\_\_

### Accompanying Person

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

### PG COURSE & WORKSHOPS

- IOA PG Teaching Course
- IOA Basic Spine Course
- IOA Cadaveric Shoulder Arthroscopy Course
- IOA Advanced Nailing Course
- IOA Arthroplasty Course
- IOACON HTO Course

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## REGISTRATION FORM

### Covid Vaccination Details

Name of Attendee	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 "IOACON 2021" payable at Mumbai

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