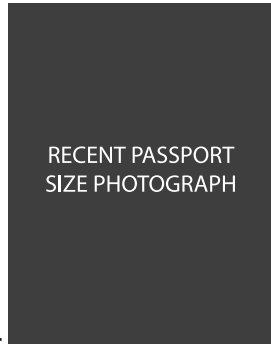




KERALA ORTHOPAEDIC ASSOCIATION
37th ANNUAL CONFERENCE

REGISTRATION FORM

Name :
Category :
Member No :
Club :
Address :
TCMC Reg. No : State :
e-mail : Whats App :
Mob : 1. 2.
Official Address :



Accompanying persons :

1. Name : Age:
2. Name : Age:

	TARIFF								
	Upto Oct. 31 st			Upto Dec 31 st			Spot		
	Mem	Non.Mem	PG	Mem	Non.Mem	PG	Mem	Non.Mem	PG
Conf & CME	3300	4800	1800	3800	5300	2300	5300	6800	2800
Service Tax	600	900	350	700	1000	450	1000	1250	500
Incidental	350	350	350	350	350	350	400	400	400
Banquet	1500	1500	1500	1500	1500	1500	1800	1800	1800

Accompanying person: Rs. 2,300/- + Banquet Charges. Conference kit not guaranteed for spot registration

Payment details	Amount
Delegate registration	
Accompany	
Incidental	
Banquet	
Total	

Method of payment
DD/ Cheque to be taken in the name "KOACON 2018" Payable at AXIS BANK THALASSERY
For outstation cheque add Rs. 50/- extra