

REGISTRATION FORM

Name:.....
(as required to be printed on the certificate)

Address for Correspondence:

.....
.....Pincode:

Mobile (COMPULSORY):.....E-mail(**COMPULSORY**):.....
All future Communications will be through email & mobile via sms.

Delegate Category : **National** / **International (Tick one Box)**

Registration Fee Details

Date:	International Delegate	National Delegate	PG Students	Accompanying Person
	<i>General (USD)</i>	<i>General (INR)</i>		
<i>Early Bird (till March, 15th 2019)</i>	450 USD	12,500/-	7,500/-	6,250/-
<i>After March, 16th 2019</i>	500 USD	15,000/-		

Account Details

Name of Account : **GANGA ORTHOPAEDIC EDUCATION FOUNDATION**
Name of Bank : **Karur Vysya Bank**, Coimbatore Main Branch, Coimbatore - 641001, Tamilnadu, India.
Account Number : **112013500009811**
Swift Code : **KVBLINBBCBM** IFSC Code : **KVBL0001120**

Accommodation Details

(Delegates are requested to arrange their own accommodation)

For Assistance, Please Contact :

Mr. Tony, Aloha Tours & Travels,

Email : tonio@rediffmail.com Phone : +91 98430 30809, 0422 2233176

You may send your payment (along with the Registration form)

Prof. S. Rajasekaran, Course Chairman, GOSC 2019

GANGA HOSPITAL, 313 Mettupalayam Road, Coimbatore 641043, India

Phone : +91 422 2485000(Ext 5015), Fax : +91 422 2451444.

Email : gangaspine2019@gmail.com, Online Registration : Website : ganhospital.com