



ICS 2019 MANGALORE

In Association with
Canara Orthopedic Society and
Spine Chapter of Karnataka Orthopedic Association
Theme: Spinal Infections

Date: 27th to 29th September 2019

Venue: The Ocean Pearl / TMA Pai Convention Centre

Registration Form

(Please write in capitals only)

Receipt No: _____

Date : _____

Registration Type: ASSI Members Non Members PG/Fellow Foreign Delegate

(Note: For PG/Fellow Registration letter from institution is mandatory)

Name: _____

Age: _____

Gender: Male Female

ASSI Membership No: _____

Medical Council No.: _____ Affiliation: _____

Institution /Organization _____

Address for Correspondence: _____

District: _____ State: _____ Pin Code: _____

Mobile No: Phone No. _____

E-mail ID: _____

Banquet Entry: Yes No

Accompanying Person:

Note: Registration for children below 6 years is complimentary, however it is mandatory to mention their details above.

Payment Details

Payment Mode : _____

Ref. No.: _____

Date: _____ Amount : _____

Bank Name: _____