Registration Form

6th Ganga Operative Arthroplasty Course 2017

July, 28th to 30th, 2017

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*
	General (USD)	General (INR)	General (INR)	General (INR)
Early Bird (till March, 15th 2017)	***450 USD***	**14,000/-**	**7,000/-**	**6,250/-**
After March, 16th 2017	***500 USD***	**17,000/-**	**8,500/-**	

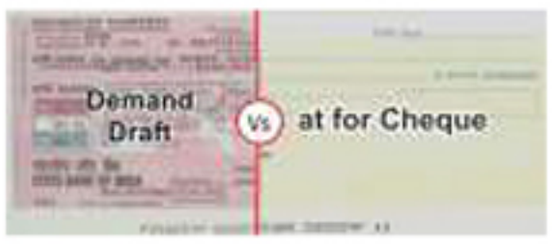
Delegates are requested to arrange their own accommodation

For Assistance, Please Contact : **Mr Tony, Aloha Tours & Travels,**
Email : tonio@rediffmail.com
Phone : +91 98430 30809, 0422 2233176

Account Details

Name of Account : **GANGA ORTHOPAEDIC EDUCATION FOUNDATION**
Name of Bank : **Karur Vysya Bank,** Coimbatore Main Branch, Coimbatore - 641001, Tamilnadu, India.
Account Number : **1120135000009811**
Swift Code : **KVBLINBBCBM** IFSC Code : **KVBL0001120**

Payment Details



by Demand Draft
Available

Online Registration
Available

Pay by Bank Transfer
Available

Ganga

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

Prof. S. Rajasekaran, Course Chairman, GOSC 2017
GANGA HOSPITAL, 313 Mettupalayam Road, Coimbatore 641043, India
Phone : +91 422 2485000(Ext 5015), Fax : +91 422 2451444.
Email : gangaarthroplasty2017@gmail.com, Online Registration : Website : www. gangahospital.com

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