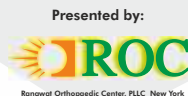




"ADVANCES & TECHNIQUES
IN JOINT REPLACEMENT SURGERY &
ARTHROSCOPY"
SIXTEENTH WINTER MEETING
Date : 04th, 05th & 06th January 2018



REGISTRATION FORM

TO BE SENT TO
RANAWAT ORTHOPAEDIC RESEARCH FOUNDATION, PUNE

A Continuing Medical Education Program

04th, 05th & 06th January 2018

Last Name _____ First Name _____ M.I. _____

M.S. D. Orth Other : _____

Mailing Address : _____

City _____ State _____ Pin Code _____

Phone # : _____ Fax # : _____

Mobile : _____ E-mail : _____

Hospital Affiliation/s _____

Area of Specialty / Interest : Hip Knee Shoulder Elbow

Primary Revision Fracture Management

REGISTRATION FEES : **Non Residential Package**

Residential Package : Details attached in a separate form

Payment could be made either in Cheque or Demand Draft payable at Pune to:

"RANAWAT ORTHOPAEDIC RESEARCH FOUNDATION"

*** Confirmation of registration will be given by e-mail only.**

LAST DATE FOR REGULAR REGISTRATION : 21st December 2017

Online registration log on to :
www.roconference.com