

REGISTRATION FORM

Please write in CAPITAL letters only
(Photocopy of this form can also be used for registration)

Name

Designation Qualification

Institution

Address

.....

Tel Mobile Email

Registration Fee	Till 15th Feb 2023	After 15th Feb 2023
1. Delegates Fee	Rs. 1,500	Rs. 2,000
2. Postgraduate Delegates Fee	Rs. 1,000	Rs. 1,500

I am enclosing a Cheque / Draft No.....

for Rs. dated

drawn on (name of bank)

Cheques/Drafts may please be drawn at Delhi in favour of **Shashi Subodh Foundation** (No outstation cheques will be entertained, please)

Duly completed form with cheque / draft to be sent by Courier only to:

Dr. Prateek K. Gupta

Organising Chairman

Sports Medicine & Arthroscopy Workshop

**A+ ORTHOPAEDIC AND SPORTS MED
CENTER**

C- 2/5 Safdarjung Development Area, Aurobindo Marg, New Delhi 110 016

T: 011-4606 2876, 2651 7776 | M: 99103 02876, 98106 33876

W: www.sportsmedicinedelhi.com; www.smaw.in

Email for Correspondence: sportsmedicinedelhi@yahoo.com