

## 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 2024	After 15th Feb 2024
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 Kumar Gupta**

Organising Chairman

**Sports Medicine & Arthroscopy Workshop**

**A<sup>+</sup> ORTHOPAEDIC AND SPORTS MED  
CENTER**

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