22nd Sports Medicine and Arthroscopy Workshop

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 2026	After 15th Feb 20
1. Delegate Fee	Rs. 2,000	Rs. 2,500
2. Postgraduate Delegate Fee	Rs. 1,500	Rs. 2,000

Scan & Pay

SHASHI SUBODH FOUNDATION
82141457

UPI

Vyapar.175693269808@hdfcbank

For further information, please contact

SMAW2026 Secretariat

A+ ORTHOPAEDIC AND SPORTS MED CENTER

C- 2/5 Safdarjung Development Area, Aurobindo Marg, New Delhi 110
T: 011-4606 2876, 2651 7776 | M: 99103 02876, 98106 33
W: www.sportsmedicinedelhi.com; www.smaw.in

Email for Correspondence: sportsmedicinedelhi@yahoo.com