



MOACON 2024

The Majestic

28th March: Pre-Conference Workshop | Dates: 29th, 30th, 31th March 2024
Venue: Westin Powai Lake Mumbai

REGISTRATION FORM

Residential

2 Nights Residential Package: Single Occupancy [] Twin Sharing Per Person [] Delegate with Accompanying Person []

3 Nights Residential Package: Single Occupancy [] Twin Sharing Per Person [] Delegate with Accompanying Person []

Non-Residential

Member [] Non Member [] PG Student [] Accompanying Person []

Surname: First Name:

Postal Address:

Pin Code: State: Country:

*Email (Please mention active email ID):

Tel. (with area code): Residence: Office:

*Mobile: Medical Council No.:

Accompanying person Name: 1. 2.

Preferred Room Partner (in case of twin sharing occupancy):

All future communications will be through email and mobile via SMS.

Payment Details :

Account Name : MOACON 2024

Account No. : 60471188169

Bank : Bank of Maharashtra

IFSC Code : MAHB0000315

Branch : Padmavati, Pune

Mode of payment Cheque / DD No. Dated: drawn on

favouring 'Name' payable at Mumbai.

Please send duly filled registration form along with DD / Cheque to:

VAMA EVENTS PVT LTD., Kohinoor Square Phase I, B Wing, Office No. 1004, 10th Floor, N.C. Kelkar Road, Shivaji Park, Dadar West Mumbai - 400 028
Tel. No. 022 46052832 | Email : conferences@vamaevents.com

Conference Secretariat:

Maharashtra Orthopaedic Association, C/o. Karne Hospital, Pune Satara Road, Near Laxmi Narayan Theatre, Swargate, Pune 411037.
Mob. No. +91 7875446478 | Email: moacon24themajestic@gmail.com

Note:

- Organizers will not be responsible for any mailers or information delivery failure incase the above is not completely filled.
- During availing of residential package, delegates will require to pay Rs. 5000/- or give their credit card details to the hotel at the time of check-in. This is a refundable deposit for facilities used which are not listed in the package deal.