



REGISTRATION FORM

Surname*: First Name*:

Postal Address*:

.....

..... City*: Pincode*:

State*: Country*: PAN Card No.*:

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

Active E-mail ID*: Mobile*:

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

Accompanying person Name: 1. 2.

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

Category: (Please ✓ mark in the box)

Residential package

Delegate on twin sharing (Per person) Accompanying Person Delegate on single occupancy

Non-Residential package

Delegate Accompanying Person

Mode of Payment: Cheque / DD No. Dated Drawn on

..... Amount Branch

Please make payment by DD / At Par Cheque, payable at Pune in favour of "Traumacon Mumbai"

For more details and to register online, kindly visit our website: www.traumaconmumbai.com

Registration cannot be canceled / transferred.

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

Conference Secretariat: Vama Events Pvt. Ltd.

Office No. 4, Gr. Floor, Anmol CHS, Sakharam Keer Road, Shivaji Park, Mumbai 400 016

Tel. : +91 22 - 2438 3498 / 99 | Email : conferences@vamaevents.com