



9 Annual Conference Of
TELANGANA ORTHOPAEDIC SURGEONS ASSOCIATION
 01st - 04th February | V Convention, Karimnagar



REGISTRATION FORM

Registration No: TOSA Membership No: Receipt No:

PERSONAL DETAILS: Prof. Dr. Mr. Ms. Mrs. (Fill in the capital letters)

*First Name *Last Name.....
 *Hospital / Institution *Designation.....
 *Postal Address.....
 *City..... *State..... *Pin.....
 *Mobile..... *Email.....
 Accompanying Person 1..... 2.....

REGISTRATION FEE

Category	Early Bird 25 th Nov 2023	Regular 31 st Dec 2023	Late 25 th Jan 2024	Spot 01 st Feb 2024
Member TOSA	₹ 4000 <input type="checkbox"/>	₹ 6000 <input type="checkbox"/>	₹ 8000 <input type="checkbox"/>	₹ 10000 <input type="checkbox"/>
Non-Member TOSA	₹ 5000 <input type="checkbox"/>	₹ 7000 <input type="checkbox"/>	₹ 9000 <input type="checkbox"/>	₹ 11000 <input type="checkbox"/>
Post Graduate Student	₹ 3000 <input type="checkbox"/>	₹ 5000 <input type="checkbox"/>	₹ 7000 <input type="checkbox"/>	₹ 11000 <input type="checkbox"/>
Accompanying Delegate	₹ 5000 <input type="checkbox"/>	₹ 7000 <input type="checkbox"/>	₹ 9000 <input type="checkbox"/>	₹ 11000 <input type="checkbox"/>
Workshop (Consultant)	₹ 1500 <input type="checkbox"/>	₹ 2000 <input type="checkbox"/>	₹ 2500 <input type="checkbox"/>	₹ 3000 <input type="checkbox"/>
Workshop (Post Graduate)	₹ 750 <input type="checkbox"/>	₹ 1150 <input type="checkbox"/>	₹ 1750 <input type="checkbox"/>	₹ 2250 <input type="checkbox"/>
Banquet	₹ 1500 <input type="checkbox"/>	₹ 2000 <input type="checkbox"/>	₹ 2500 <input type="checkbox"/>	₹ 3000 <input type="checkbox"/>

NOTE

- ❖ Registration fee does not include GST 18%
- ❖ TOSA Member (above 65 Years) Registration is complementary
- ❖ Please send us the filled registration form captured image along with transaction details to tosacon2024knr@gmail.com
- ❖ Above Registration fee includes Workshop & Conference
- ❖ Delegate kit will be provided for spot Registrations, subject to availability
- ❖ For online registration 3% surcharge will be applicable for Debit/Credit Card & UPI payments (Via Payment Gateway)

PAYMENT MODE: Cash Bank Transfer(Neft) _____ (reference number) Cheque

Amount in favour of “**KARIMNAGAR ORTHOPEDIC SURGEONS ASSOCIATION**”

Cheque / DD # _____ Dated: _____ Drawn on: _____ Amount: _____

In words: _____

BANK DETAILS

Account Name	Karimnagar Orthopedic Surgeons Association		
Account Number	923010058179476	Bank Name	Axis Bank Ltd.
IFSC Code	UTIB0000290	Branch	Business Towers, Mukarrumpura, Karimnagar - 505002

Date: _____

Signature: _____

CONFERENCE SECRETARIAT		PROFESSIONAL CONFERENCE ORGANIZER	
Dr Bangari Swamy Organizing Secretary	Dr G Priyanka Ph: 8598886666	Dr Sridhar Ph: 9989540854	Mr. Thirupathi Atkapuram, CEM Director - Operations
Renee Hospital 3-7—01 & 02, Indira Nagar, Karimnagar Email: tosacon2024knr@gmail.com Website: www.tosacon2024.com	CONTACT US		Ms. Sruthi K - 9515190362 Mr. Venugopal Ch - 8885449061
			Meety Events Private Limited 1-8-343, 1st Floor, MNJ Palace, IAL Colony, Begumpet, Secunderabad-500003. www.meetyevents.com