HOSTED BY
Pune Orthopedic Society in association with
Pimpri Chinchwad Orthopedic Association

42nd MOACON26
THE MAGNIFICENT

Name: _____ Middle Name: _____

Surname: _____

Gender: _____ Preferred Partner: _____

Address: _____

_____

Email Id: _____ Mobile No: _____

MOA Membership No: _____ MMC No: _____

Type of registration:

RESIDENTIAL	☐ Member	☐ Non Member	NON RESIDENTIAL
	☐ 2 Nights 3 Days	☐ 3 Nights 4 Days	

☐ Single Occupancy	☐ MOA Members
☐ Twin Sharing	☐ Non MOA Members
☐ Double Occupancy with Spouse	☐ PG Students
☐ PG Student: Twin Sharing	☐ Accompanying Person

Mode of payment: Cheque / DD No. _____

Dated: _____ Drawn on: _____

Amount: _____ Branch: _____

Conference Secretariat: RNS Events & Exhibitions
Office No. 6, Post Office Building, Chaphekar Bandhu Marg, Mulund East, Mumbai - 400081.
Avani Kalyani : 9136363508 | Email: projects@rnsevents.com