



**39th KERALA ORTHOPAEDIC
ASSOCIATION CONFERENCE**
24,25,26 January 2020
Shifa Convention Centre, PERINTHALMANNA

___/___/___ **No:**

REGISTRATION FORM

First Name :

Last Name :

Email* :

Contact Number* :

Designation* :

Gender* :

Medical Council Registration Number* :

KOA Membership Number (If applicable) :

Signature of applicant

*Mandatory



KOACON 2020

Name of Accompanying Person: _____

TARIFF

	Member	Non Member	PG	SENIOR KOA LIFE MEMBER
Conf. & CME	7500	9750	3750	
Incidental	500	500	500	500
Banquet	3000	3000	3000	3000
TOTAL	11000	13250	7250	3500

- Life members above 65 years of age are entitled to Complimentary Registration for Conference and CME. Incidental charges are Mandatory and Banquet Charges as applicable shall be payable.
- Accompanying person charges 2500/- and Banquet Charges as applicable. Below 6 years of age - Banquet and Conference is Complimentary.
- Conference Kit is NOT Guaranteed for Spot Registrations

PAYMENT DETAILS

Payment Details	Amount	Payment Method
Delegate Registration		DD / Cheque to be taken in the name "KOACON 2020" Payable at IDBI Bank Perinthalmanna, Malappuram A/c No. 0763104000126700 IFSC: IBKL0000763
Accompanying Person / s		
Incidental		
Banquet		
TOTAL		

Cheque / DD / NEFT / No: _____ Dtd: _____ in favour of KOACON 2020, payable at Perinthalmanna.

registration@koacon2020.com. Ph: 09895 864 100. For more details, Visit us: **www.koacon2020.com**

For Travel and Accommodation please contact: **ta@koacon2020.com**

Contact Address

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