



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 31 st Dec 2023	Regular 10 th Jan 2024	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

CONFERENCE WORKSHOPS

Primary TKR Workshop <input type="checkbox"/>	Pelvi Acetabular Workshop <input type="checkbox"/>	Total HIP Arthroplasty Workshop <input type="checkbox"/>
Degen Spine Workshop <input type="checkbox"/>	Basic Principles of Fracture Management Workshop <input type="checkbox"/>	Arthroscopy Workshop <input type="checkbox"/>

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

Amount in favour of "KARIMNAGAR ORTHOPAEDIC SURGEONS ASSOCIATION"

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

In words: _____

BANK DETAILS

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

Date: _____

Signature: _____

CONFERENCE SECRETARIAT

Dr Bangari Swamy Organizing Secretary
Dr M Navya Ph: 8598886666
Mr Sridhar Ph: 9989540854

Renee Hospital
3-7—01 & 02, Indira Nagar, Karimnagar
Email: tosacon2024knr@gmail.com
Website: www.tosacon2024.com

CONTACT US

PROFESSIONAL CONFERENCE ORGANIZER

Mr. Thirupathi Atkapuram, CEM
Director - Operations
Ms. Sruthi K - 9515190362 | Mr. Venugopal Ch - 8885449061

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