



# 10<sup>th</sup> Parekh INDO US Foot & Ankle Surgery Conference at Pune

4<sup>th</sup> 5<sup>th</sup> & 6<sup>th</sup> January 2019

Venue: Suzlon One Earth, Hadapsar, Pune

## Registration Form

Name: .....

Address:.....

City:..... Pin:..... State:.....

Contact No. (Whatsapp Mandatory):.....

MMC Registration No.:.....

Registration Category	Till 31st Dec 2018	On the spot
<b>Conference (4<sup>th</sup> 5<sup>th</sup> &amp; 6<sup>th</sup> Jan 19)</b>		
Consultant	<input type="checkbox"/> 5900/-	<input type="checkbox"/> 7100/-
PG (Certificate from HOD Mandatory)	<input type="checkbox"/> 4500/-	<input type="checkbox"/> 7100/-

### Payment Details:

Payment by DD / Cash / Cheque (Payable at par ) in favour of **“Sahyadri Hospitals Ltd.”**

### **For Online Payment :**

**A/C Name: Sahyadri Hospitals Ltd.**

**A/C No.: 505701010032077**

**Bank: Union Bank of India**

**IFSC: UBIN0550574**

Please confirm by sending email with transaction id. Please register early.

\* Filled form can be sent either by email (Scan Copy) or Post / Courier

Amount Paid in Rs. \_\_\_\_\_(mode of payment) Cash / Card / DD / Cheque (Multistate Cheque only)

**DD / Bank Transfer Transaction No & Date \_\_\_\_\_ Drawn on \_\_\_\_\_**

**( DD Cheque should be in favour of Sahyadri Hospital LTD payable at Pune )**

Also You can pay fees through Payment Gateway, Visit [www.sahyadrihospital.com](http://www.sahyadrihospital.com)

### Conference Secretariat:

SUV Healthcare Services, Samartha CHS Blg.No.28, 2<sup>nd</sup> Floor,Block No. 402, Lokmanya Nagar, Navi Peth, Off LBS Road, Pune-30

**Contact: Mr. Uday Vaidya :9881695550 / Mr. Santosh Chavan :- 9881062537**

**Email Address :- [punefootcourse@gmail.com](mailto:punefootcourse@gmail.com)**

**You can also visit website :- [www.sahyadrihospital.com](http://www.sahyadrihospital.com)**