







## **REGISTRATION FORM**

(Please fill the form in block letter only)

Name		
Address		
CityPincode		
State		
Mobile		
Email ID.		
Accompanying Person:		
Name 1:		
Name 2:		
Category : (please ✓ in the box)		
TYPE OF REGISTRATION		
Residential package on twin sharing basis PG Student Registration		
Non Residential package		
for PG student, certificate from the HOD is compulsory		
WORKSHOP REGISTRATION PREFERENCE		
Workshop preference 1		
Workshop preference 2		
Workshop preference 3		
workshop allotment will be based on availability and will be given on first come first serve basis		
MODE OF PAYMENT		
1. DD no: Dated : Drawn on:		
Branch: Amount:		
2. Bank transfer UTR no: Transaction no:		
Bank: Dated:		

## IMPORTANT INFORMATION

- DD: payment should be by Demand Draft in favour of "SILIGURI ORTHOPAEDIC SOCIETY" payable at Siliguri.
- Kindly indicate your name, contact number, and name of conference "Siliguri Trauma Conference 2019" at the back of DD
- Cheque is not acceptable as a mode of payment.
- Registration can be done online to below mention bank detail

Name of Bank

: HDFC BANK

Account name / Beneficiary

: SILIGURI ORTHOPAEDIC SOCIETY

Account No

: 50100069499300

• IFSC Code

: HDFC0000151

 Once you pay the amount please share the reference number/ UT number / transaction no with us (siliortho@gmail.com) and WhatsApp (+91 94340 06668) to trace same with bank.

For more information, please contact us below

## STCON 2019 CONFERENCE SECRETARIAT

Dr. Uday Shankar Paramount Hospital

Mangal Pandey Road, Khalpara

Siliguri - 734005

Phone no Phone No:

+91 98320 93457, +91 86370 06759

Email ID:

siliortho@gmail.com

Website:

www.stcon.in

## **CANCELLATION POLICY**

Refund of Registration will be made only against a written request by email or post, submitted before 15th Feburary, 2019 to the conference secretariat. From 16th February, 2019 onwards, no refund request will be entertained by the secretariat. 25% of the Registration would be deducted as processing charges and rest will be refunded one month after conference completion.

Date :	Signature	
Dale.		

Place: