



THEME: ADVANCES IN ARTHROPLASTY AND ARTHOSCOPY

8th Jan - 10th Jan 2026 | Hilton Bengaluru Embassy Manyata Business Park, Bengaluru

REGISTRATION FORM

Last Name First Name M.I.

☐ M.S. ☐ D.Orth ☐ Other :

Mailing Address :

..... City : Pincode :

State : Country :

Tel. (with area code) : Residence : Office :

Active E-mail ID : Mobile :

All future communications will be through email and mobile via SMS.

Hospital Affiliation/s :

Area of Specialty / Interest :

☐ Hip ☐ Knee ☐ Primary ☐ Revision ☐ Osteotomy ☐ Arthroscopy ☐ Hip Fractures

Accompanying person Name :

1. 2.

Preferred Room Partner (in case of twin sharing occupancy) :

Category: (Please ✓ mark in the box)

NON RESIDENTIAL REGISTRATION

☐ Delegate (For all 3 days)

☐ Accompanying Person

RESIDENTIAL REGISTRATION

☐ 2 NIGHTS 3 DAYS ☐ 3 NIGHTS 4 DAYS

☐ Single Occupancy

☐ Double Occupancy

☐ Spouse Registration

Payment could be made either in Cheque or Demand Draft payable at Pune to :

"RANAWAT ORTHOPAEDIC RESEARCH FOUNDATION"

* Confirmation of registration will be given by e-mail only.

SCAN TO
REGISTER



For Online Registration log on to :

www.rocconference.com