



International Conference on Complications in Neurosurgery

6, 7, 8, 9th March, 2025 | Taj Cidade de Goa, Horizon, GOA, India

REGISTRATION FORM (PLEASE FILL IN UPPER CASE) Fields marked * are mandatory

Surname*: First Name*:

Postal Address*:

.....

City*: Pincode*: State*: Country*:

Membership No.*: Medical Council No.*:

Tel. (with area code): Residence: GST No.

Active E-mail ID*: Mobile*:

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

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

Category: (Please ✓ mark in the box)

NON RESIDENTIAL REGISTRATION

3 NIGHTS 4 DAYS RESIDENTIAL PACKAGE

Delegates

Single Occupancy

PG Student

Delegate with Accompanying person

Accompanying person

Twin Sharing Occupancy (Per person charges)

Payment Details

Important Note: In case of NEFT/RTGS transfers, it is mandatory to submit transaction details/receipt of your payment along with copy of duly filled registration form to conferences@vamaevents.com



Cheque in favour of "Vama Events Pvt. Ltd." payable at Mumbai



Bank Name : Bank Of Maharashtra.
Account Name : Vama Events Pvt. Ltd.
IFSC Code : MAHB0000016

Bank Branch : Shivaji Park, Dadar.
Account No : 60393516994
PAN : - AADCV7401J

Mode of Payment: Cheque / DD No. Dated Drawn on

..... Amount Branch

Please make payment by DD / At Par Cheque, payable at Mumbai in favour of "Vama Events Pvt. Ltd" payable at Mumbai

Please send the duly filled registration form along with DD / Cheque to:

Conference Secretariat: **Vama Events Pvt. Ltd.**

Kohinoor Square Phase I, B Wing, Office no.1004, 10th Floor, N.C. Kelkar Road, Shivaji Park, Dadar West Mumbai - 400 028

Tel. No. 022 46052832 Email : conferences@vamaevents.com

CONFERENCE SECRETARIAT

C/o Vama Events Pvt. Ltd. Kohinoor Square Phase I, B Wing, Office No. 1004, 10th Floor, N. C. Kelkar Road, Shivaji Park, Dadar West, Mumbai 400 028.

Email: conferences@vamaevents.com

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