

Name:.....

Designation:.....

Consultant Post Graduate

Address:.....

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

Country:.....Pincode.....

Phone:.....Mobile.....

Mode of Payment: DD Cheque

Amount: Rs.....

DD/Cheque No:.....dt.....

Bank / Branch:.....

The completed form should be mailed to:

To
The Secretary
Department of Orthopedics
Lakeshore Hospital & Research Centre
NH 47 Bypass, Maradu, Nettoor P.O
Kochi - 682 040 Kerala, INDIA

.....
Signature

Registration Fees:

(Registration fees includes attendance at workshop, lunch, visiting exhibits and course materials)

Post Graduates : Rs.1500/-

Consultants : Rs.2000/-

- ✓ Cheques / DD should be made in favour of "Lakeshore Hospital & Research Centre" payable at Kochi

| Hotel | Rate | Distance from Venue |
|------------------|-----------|---------------------|
| Ramada | Rs. 4,800 | 2 kms |
| Le Meridian | Rs. 5,500 | 2 kms |
| Wyte Fort | Rs. 1,980 | 4 kms |
| Dream | Rs. 3,300 | 7 kms |
| Harbour | Rs. 1,700 | 10Kms |
| Casino | Rs. 3,720 | 11 kms |
| Gokulam Park Inn | Rs. 2,900 | 20 kms |

Note : Price quoted are for single room including tax and breakfast

Travel desk Contact :
Concord Exotic Voyages
CLS Building, M.G.Road, Cochin-682011.

Mary M. James - +91 98472 67488
Mail - concordexotic@gmail.com
Ph No - 0484 2365551, 52