

# DOACON 2024

THEME: BEYOND BOUNDARIES

DATE: 8<sup>TH</sup>-10<sup>TH</sup> NOVEMBER, 2024 | VENUE: BHARAT MANDAPAM, NEW DELHI



## REGISTRATION FORM

(PLEASE FILL IN CAPITAL LETTER)

Title: Prof.  Dr.  Mr.  Ms.  Mrs.  Gender: Male  Female  DOB: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Institute/ Hospital: \_\_\_\_\_ Designation: \_\_\_\_\_

Postal Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Pin: \_\_\_\_\_ Country: \_\_\_\_\_

Meal Preference: Veg.  Non Veg.  Phone (Off): \_\_\_\_\_ (Res): \_\_\_\_\_

WhatsApp Mobile No. (Mandatory): \_\_\_\_\_ E-mail (Mandatory): \_\_\_\_\_

### REGISTRATION PACKAGE

Category	Regular Registration June 2024 to Aug 2024	Extended Registration Sep 2024 to Oct 2024	Spot Registration Nov 2024
Resident <input type="checkbox"/>	₹ 5500 <input type="checkbox"/>	₹ 6000 <input type="checkbox"/>	₹ 7000 <input type="checkbox"/>
DOA Member <input type="checkbox"/>	₹ 6000 <input type="checkbox"/>	₹ 6500 <input type="checkbox"/>	₹ 7500 <input type="checkbox"/>
Non-DOA Member <input type="checkbox"/>	₹ 6500 <input type="checkbox"/>	₹ 7000 <input type="checkbox"/>	₹ 8000 <input type="checkbox"/>
Industry <input type="checkbox"/>	₹ 7000 <input type="checkbox"/>	₹ 7500 <input type="checkbox"/>	₹ 9000 <input type="checkbox"/>
*Senior DOA Members (Above 65 years)	Complimentary	Complimentary	Complimentary

### CADAVERIC WORKSHOP

Workshop Category	DOA Member	Non-DOA Member
Acetabular Fracture <input type="checkbox"/>	₹ 5000 <input type="checkbox"/>	₹ 6000 <input type="checkbox"/>
Spine Interlaminar Endoscopy <input type="checkbox"/>	₹ 5000 <input type="checkbox"/>	₹ 6000 <input type="checkbox"/>
Arthroscopy Knee <input type="checkbox"/>	₹ 5000 <input type="checkbox"/>	₹ 6000 <input type="checkbox"/>
Arthroscopy Shoulder <input type="checkbox"/>	₹ 5000 <input type="checkbox"/>	₹ 6000 <input type="checkbox"/>
Arthroplasty Knee <input type="checkbox"/>	₹ 5000 <input type="checkbox"/>	₹ 6000 <input type="checkbox"/>
Arthroplasty Hip <input type="checkbox"/>	₹ 5000 <input type="checkbox"/>	₹ 6000 <input type="checkbox"/>
Foot & Ankle <input type="checkbox"/>	₹ 5000 <input type="checkbox"/>	₹ 6000 <input type="checkbox"/>

# NON-CADAVERIC WORKSHOP

Workshop Category	DOA Member	Non-DOA Member
Orthobiologics <input type="checkbox"/>	₹ 2000 <input type="checkbox"/>	₹ 3000 <input type="checkbox"/>
AI in Orthopaedics <input type="checkbox"/>	₹ 2000 <input type="checkbox"/>	₹ 3000 <input type="checkbox"/>
Mobile Applications in Orthopaedics <input type="checkbox"/>	₹ 2000 <input type="checkbox"/>	₹ 3000 <input type="checkbox"/>
Picture/Video Capturing & Editing <input type="checkbox"/>	₹ 2000 <input type="checkbox"/>	₹ 3000 <input type="checkbox"/>
Deformity Correction <input type="checkbox"/>	₹ 2000 <input type="checkbox"/>	₹ 3000 <input type="checkbox"/>

**\*The above fee is inclusive of 18% GST.**

I am enclosing herewith details of Cheque/Demand Draft/Online Payment.....dated.....  
of Rs.....(in words:.....only)  
drawn on bank.....In favour of "DOACON 2024" payable at **New Delhi**.

## REGISTRATION GUIDELINES

- Senior Orthopaedic Surgeon registration is complimentary but mandatory.
- Accompanying persons and children are not allowed inside the scientific session.
- Children above 5 years of age have to be registered as accompanying persons.
- Children below 5 years of age have to be registered (free of charge) for logistics and security reasons
- Senior DOA Members above 65 year of age have to register as complimentary.
- Organising committee is not liable in any form in case of change in dates due to unavoidable circumstances.
- Cancellation policy : According to rules and regulations.
- Please produce your registration no./ confirmation letter/ payment receipt at the registration counter.
- Please ensure to wear registration badge (bar-coded) throughout the conference.
- PG Students should submit the bonafide certificates from Head of the Department / Institute along with registration form.
- Online/ Card charges will be applicable at 3% of the total amount.



## REGISTRATION FEE INCLUDES

- Entry to inaugural ceremony, all conference sessions & trade exhibitions.
- Lunch on all conference days & inaugural dinner.
- Conference kit (for spot registration - subject to availability).
- Conference badge.

## CANCELLATION POLICY

- Requests for cancellation for refunds must be made in writing or through e-mail.
- Request must be sent to conference secretariat E-mail: doacon2024@gmail.com
- Upto 15th July 2024 50% & upto 30th September 2024 25% of the registration amount will be refunded.
- No refund of registration fee will be provided for cancellation request received after 1st October 2024.

**Please submit the duly filled form to conference secretariat:**

For Office use only:

Date: \_\_\_\_\_ Receipt No.: \_\_\_\_\_ Registration No.: \_\_\_\_\_

Date

Signature

## CONFERENCE SECRETARIAT

**Prof. (Dr.) Lalit Maini**

Address : Room 609, 6th Floor, Department of Orthopaedics

Maulana Azad Medical College New Delhi - India

Mobile No. : +91-9354747054 | +91-9968604324 | Email : doacon2024@gmail.com



**PROFESSIONAL CONFERENCE ORGANIZER**

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