



SKICON 2025

First Annual Meeting of Society of Knee Surgeons of India (SKI)

NOVEMBER 14-16, 2025

REGISTRATION FORM

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

Surname*: First Name*: Middle Name*:

Postal Address*:

..... City*:

State*: Pincode*: Country*:

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

(MANDATORY) Mobile*: Active E-mail ID*:

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

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

1. Medical Council Registration No.: 2. State of Medical Council:

SKI Member: [] YES [] NO

REGISTRATION CATEGORY: (PLEASE ✓ MARK IN THE BOX)

RESIDENTIAL PACKAGE (2 NIGHT / 3 DAYS)

☐ Single Occupancy

☐ Twin Sharing

**SCAN QR
TO REGISTER**



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.: 022-35406187, 35106391, 35406576, 35406579 | Email: conferences@vamaevents.com