



IASES



Shoulder & Elbow Society, India

1<sup>ST</sup> INDO US  
SHOULDER ARTHROPLASTY COURSE

# IU-SAC 2025

## 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.

**Category:** (Please ✓ mark in the box)

### NON RESIDENTIAL

- Delegate
- PG Student

## PAYMENT DETAILS

Multicity Cheques or DD should be in the name of “**LMMF's Deenanath Hospital**” payable at “**Pune**”.

**Bank Name:** State Bank of India  
**Account No.:** 10299662174

**Branch:** Comm Pune Branch  
**IFSC No.:** SBIN0004108



**Conference Secretariat:**

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