



Registration Form

COIMBATORE BONE & JOINT FOUNDATION

1091, Mettupalayam Road, North Coimbatore Bus Stop, Coimbatore - 641002

Tel : 98655 06000, 97880 60000

Email : cbjclaims@gmail.com Web : www.cbjf.org

Name _____

Designation _____ Date of Birth _____

Institution _____

Postal Address _____

City _____ State _____ Country _____

Phone : _____ Mob _____

Email ID _____

Payment Details

Cheque / DD No. : _____

Date : _____

Draw on Bank : _____

Registration Tariff

	Before 30th Nov	Before 15th Dec	Spot
Consultant	Rs. 2800	Rs. 3200	Rs. 3500
PG	Rs. 2200	Rs. 2400	Rs. 2700

- Residential delegates special package on twin sharing - Contact : cbjclaims@gmail.com

- Residential Delegates Twin sharing Rs. 5800/- **PLUS** Registration tariff as applicable

- Payment to be made through Cheque of DD in favour of

“Joint Preservation and Reconstructive Surgery” - payable at Coimbatore

(Acknowledgement will be sent through SMS & E-mail)

For Office use only

Receipt No.

Reg. No

Date