

# AOC SYMPOSIUM 2025

## TOP 10 ADVANCES

18th and 19th January 2025 | Venue - Hotel Aurika, Mumbai

### REGISTRATION FORM (PLEASE FILL IN UPPER CASE) Fields marked \* are mandatory

Surname\*: ..... First Name\*: .....

Postal Address\*: .....

.....

City\*: ..... Pincode\*: ..... State\*: ..... Country\*: .....

Medical Council No.\*: .....

E-mail ID\*: .....

Mobile No. 1 \*: ..... Mobile No. 2\*: .....

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

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

Category: (Please ✓ mark in the box)

#### NON RESIDENTIAL REGISTRATION

Delegate  PG Student

#### RESIDENTIAL REGISTRATIONS

Single Occupancy  Twin Sharing  
 Couple Residential  
 AP 1 \_\_\_\_\_  AP 2 \_\_\_\_\_  AP 3 \_\_\_\_\_

Kindly mention child age in case if any

#### Payment Details :

Account Name: ACADEMY OF CARDIOLOGY AT MUMBAI

A/C No: 10176624774 Bank : State Bank of India

IFSC code: SBIN0000515 | Branch: Vile Parle, Mumbai 400056

Mode of Payment: Cheque / DD No. / Neft / Online Registration Portal ..... Dated .....

Drawn on .....

..... Amount ..... Branch .....

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

Email : conferences@vamaevents.com | Contact : 022 35131930-33, 022 46052832