

## *2<sup>nd</sup> ASSI live Spine Surgery Course*

*June 8 to 10, 2018, Delhi*

### Registration Form

<b>ASSI Membership No.</b> <i>(Mandatory)</i>	
<b>Name</b>	
<b>Institute</b>	
<b>Department</b>	
<b>Address</b>	
<b>State / City</b>	
<b>Postal Code</b>	
<b>Country</b>	
<b>Mobile No (Mandatory)</b>	
<b>Email Address</b>	
<b>Category</b>	<input type="checkbox"/> ASSI Member <input type="checkbox"/> Non Member <input type="checkbox"/> Post Graduate <input type="checkbox"/> Accompanying Person <input type="checkbox"/> Trade Delegate

<b>Registration Type:</b>	<input type="checkbox"/> <b>Residential</b> <input type="checkbox"/> <b>Single Basis</b> <input type="checkbox"/> <b>Sharing Basis</b> <input type="checkbox"/> <b>Non Residential</b>
<b>If Residential, hotel category</b>	<input type="checkbox"/> <b>Hotel Grand</b> <input type="checkbox"/> <b>Hotel Pride Plaza</b> <input type="checkbox"/> <b>Hotel (Jaypee)</b> <input type="checkbox"/> <b>Pullman Hotel</b> <input type="checkbox"/> <b>Novotel Hotel</b>
<b>Amount Paid</b>	

<b>Mode of Payment**</b>	<b>[     ] Bank Transfer</b>
	<p><i>Name of Beneficiary : ASSOCIATION OF SPINE SURGEONS OF INDIA</i></p> <p><i>Bank Account No.     "30162068234"</i></p> <p><i>Bank Name:             State Bank of India</i></p> <p><i>Bank Address:         JAWAHARLAL NEHRU UNIVERSITY, NEW MEHRAULI ROAD, NEW DELHI-110067</i></p> <p><i>IFSC:                     "SBIN0001624"</i></p> <p><i>Please mail your bank transfer details to</i> <a href="mailto:issicon@isiconline.org">issicon@isiconline.org</a> / <a href="mailto:assi.secretariat@isiconline.org">assi.secretariat@isiconline.org</a></p>
	<b>[     ] Demand Draft</b>
	<p>DD No..... dated.....</p> <p>drawn on..... Favoring of</p> <p><b>"ASSOCIATION OF SPINE SURGEONS OF INDIA"</b></p> <p>payable at New Delhi***</p>

**\*\*\*Please send DD to:**

ASSI Secretariat,  
C/o Indian Spinal Injuries Centre  
Sector-C, Vasant Kunj-110070  
New Delhi, India, Tel: 011-42255356.