

# KOACON 2025 Bengaluru

49<sup>th</sup> State Conference of Karnataka Orthopaedic Association

31<sup>st</sup> January, 1<sup>st</sup> & 2<sup>nd</sup> February 2025



Prof.  Dr.  \*Name ..... Gender : M  F

(PLEASE FILL IN CAPITAL LETTERS AS TO APPEAR IN THE CERTIFICATE)

\*KOA Membership Number : ..... \*Mobile: .....

Postal Address : .....

..... Designation:.....

Hospital / Institution : ..... Department:.....

City : ..... Pin Code : ..... State : .....

Country : ..... \*E-mail: ..... Veg:  Non Veg:

\*State Medical Council Reg No. (Ex: KMC 12345)..... DOB: .....

**Accompanying Person(s):**(1) ..... Relationship: .....

(2) ..... Relationship: .....

(3) ..... Relationship: .....

**Payment Details:** Cheque / DD /UPI No : \_\_\_\_\_ Date : \_\_\_\_\_

Drawn on Bank : \_\_\_\_\_ Branch: \_\_\_\_\_

Total amount in words: \_\_\_\_\_

## Mode of Payment

**OFFLINE REGISTRATION** Make a Cheque / DD in favour of "KOACON 2025"

and courier it to the conference Managers along with the filled up registration form

**ONLINE REGISTRATION:** Logon to [www.koacon2025kims.com](http://www.koacon2025kims.com)

<b>For Office use only : Receipt :</b>	<b>Date :</b>	<b>Reg No :</b>
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Signature:

## Conference Secretariat KOACON 2025

Department of Orthopaedics  
4<sup>th</sup> Floor, B Block, Kims Hospital  
V V Puram, Bengaluru - 560004  
96116 33395 | [kimskoacon2025@gmail.com](mailto:kimskoacon2025@gmail.com)

## Please Submit the Duly Filled Form & DD / Cheque to

Conference Managers KOACON 2025  
C/o Hallmark Events, Maruthi '688, 1<sup>st</sup> Floor 6<sup>th</sup> Main,  
3<sup>rd</sup> Block, BEL Layout, Vidyanarayapura, Bangalore. 560097  
**9343222772 | 9880880682**  
[kimskoacon2025@gmail.com](mailto:kimskoacon2025@gmail.com) | [www.koacon2025.com](http://www.koacon2025.com)

**Venue: Chamara Vajra Palace Grounds, Bengaluru**

Registration Form

## KOACON 2025 Registration Tariff

Category	Offer during the KOACON 2024 Conference @ Shivamogga		Early Bird Up to 30 <sup>th</sup> June 2024	1 <sup>st</sup> July to 30 <sup>th</sup> Sep 2024	1 <sup>st</sup> Oct to 31 <sup>st</sup> Dec 2024	1 <sup>st</sup> Jan 2025 to Spot
<input type="checkbox"/> KOA Member		7,500/-	8,000/-	10,000/-	12,000/-	13,500/-
<input type="checkbox"/> Non-KOA Member		10,500/-	11,000/-	12,000/-	13,500/-	16,000/-
<input type="checkbox"/> Post Graduate		5,000/-	6,000/-	6,500/-	7,000/-	12,500/-
<input type="checkbox"/> Acc. Person		6,000/-	7,000/-	7,500/-	8,000/-	10,000/-
<input type="checkbox"/> Senior Citizen (> 70 Yrs) or Past KOA President				300/-		

### Workshop (Rs. 3000/- each)

<input type="checkbox"/> Arthroplasty	<input type="checkbox"/> Arthroscopy	<input type="checkbox"/> Basic Trauma	<input type="checkbox"/> Hand Surgery
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For Online Registration Credit Card/ Online charges will be applicable of the total amount  
For online registration Please logon to [www.koacon2025kims.com](http://www.koacon2025kims.com)

#### For Offline Registration

- Download and fill the registration form.
- Make a Cheque / DD in favour of “**KOACON 2025**”
- Send the duly filled up Registration form and the Cheque / DD to be sent to Conference Managers address.

#### KOACON 2025 C/O Hallmark Events

Maruthi, '688, 1<sup>st</sup> Floor, 6<sup>th</sup> Main, 3<sup>rd</sup> Block, BEL Layout, Vidyananyapura  
Bengaluru. 560097

**Mob:** 9343222772, 9880880682 | **Email:** kimskoacon2025@gmail.com

#### Note :

- Registrations for each workshop on First Come -First Serve Basis.  
(Limited to 40 Registrations) (Workshop-Select any one only)
- Above registration fee includes 18% GST and incidental charges of Rs. 300/-.
- Post Graduate's should produce valid certificate attested by HOD.
- Conference Kit for Spot Registrations subjected to availability.
- Certificates without Credit Hours will be issued to Spot Registrations.

#### Cancellations & Refund :

- 50% refund (Only registration charges) before 31<sup>st</sup> December 2024.
- No refunds after 1st January 2025.
- No refunds on Workshop Charges.
- All refunds will be sent after the conference.