



# IASM 2019

40th Annual Conference of Indian Association of Sports Medicine

25<sup>th</sup> - 27<sup>th</sup> January - 2019, Bengaluru

**Workshop Venue :**  
Ramaiah Advanced  
Learning Centre

**Conference Venue :**  
St. Johns Golden Jubilee  
Lecture Hall, Bengaluru

Prof.  Dr.

## Registration Form

\*Name ..... Gender : M  F   
(PLEASE FILL IN CAPITAL LETTERS AS TO APPEAR IN THE CERTIFICATE)

\*Designation : ..... \*Department: .....

Hospital / Institution : .....

Address for Communication : .....

..... \*City..... State : .....

Country : ..... Pin Code : .....

\*E-mail:.....

\* Mobile: ..... \*State Medical Council Number: .....

Conference Registration Tariff (26th & 27th Jan)				
	Category	Upto Dec 20th - 2018	Dec 20th to Jan 20th, 2019	Spot
<input type="checkbox"/>	IASM member	₹. 2000/-	₹. 2500/-	₹. 3000/-
<input type="checkbox"/>	Non member	₹. 2500/-	₹. 3000/-	₹. 3500/-
<input type="checkbox"/>	Student	₹. 1500/-	₹. 1700/-	₹. 2000/-

Pre Conference Course	9.00 am - 1.00 pm
<b>Course A</b> - Team Physician Course	
<b>Course B</b> - IASM Sports Rehab Course	
Pre Conference Workshops	2.00 - 5.00 pm
<b>Workshop A :</b> Ankle and Foot Biomechanics workshop Functional movement screening workshop	
<b>Workshop B :</b> Strength and Conditioning workshop Return to sports	
<b>Workshop C :</b> Athletic Shoulder Rehabilitation	
<b>Workshop D :</b> On Field Assesment & Physio Management Knee in sports: Isokinetic testing & Applications	

### Note :

- Delegate can select any 1 Pre Conference Course + 1 Workshop
- Fees . 500 /- (includes any one Pre Conference Course + Workshop)
- Conference registration mandatory to register for Cadaver Workshop
- Available Seats : 100 seats per each course, 50 seats per workshop

**Cadaver Workshop** - 15,000/-  
(Only for orthopaedic surgeons)

### Course + Workshop fees Rs.500/-

#### Select any 1 Course

Course A  Course B

#### Select any 1 Workshop

Workshop A  Workshop B  Workshop C  Workshop D

**Payment Details :**  Cheque  Online  Demand Draft  Cash | Cheque/DD No: \_\_\_\_\_

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

Total Amount: \_\_\_\_\_ Amount in words : \_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_

**Note :** Cancellation charges will be applicable as per the policy

**Mode of Payment :** At Par Cheque/DD to be drawn in favour of **"Bangalore Arthroscopy Club"**

**For Office use only :** Receipt : \_\_\_\_\_ Date : \_\_\_\_\_ Reg No : \_\_\_\_\_

### Please submit the duly filled form and payment to

IASM Conference Secretariat "Maruthi ", 688, 1<sup>st</sup> floor, 6<sup>th</sup> main, 3<sup>rd</sup> block  
BEL layout Vidyanarayapura, Bangalore. 560097

**Email:** iasmbangalore@gmail.com | **Ph:** 9972735480 | 9845671462