



ASSI ASSOCIATION OF SPINE SURGEONS OF INDIA  
 39<sup>TH</sup> ANNUAL CONFERENCE OF ASSOCIATION OF SPINE SURGEONS OF INDIA  
**ASSICON 2026**

**22<sup>ND</sup> - 25<sup>TH</sup>**  
**JANUARY 2026**  
**JW MARRIOTT PUNE**

HOSTED BY  
 PUNE ASSOCIATION OF SPINE SURGEONS

**REGISTRATION FORM**

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

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

Postal Address\*: .....

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

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

Tel. (with area code): Residence: ..... Office: .....

(MANDATORY) Mobile\*: ..... Active E-mail ID\*: .....

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

Accompanying Person Name: 1. .... 2. ....

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

1. Medical Council Registration No.: ..... 2. State of Medical Council: .....

**REGISTRATION CATEGORY: (PLEASE ✓ MARK IN THE BOX)**

**NON-RESIDENTIAL PACKAGE**

VASS + ASSI Member (Membership No. ....)  ASSI Member (Membership No. ....)

Non-Members  PG Students / Spine Fellows\*  Accompanying Person

\*Certificate from HOD is mandatory

**RESIDENTIAL PACKAGE**

2 Nights / 3 Days  3 Nights / 4 Days

**OCCUPANCY**

Single Occupancy  Twin Sharing  Delegate with AP

Mode of Payment: Cheque / DD No.: ..... Dated: .....

Drawn on: .....

Amount: ..... Branch: .....

Please send DD / At Par Cheque, in favour of "ASSICON 2026".

**Delegates can register online on [www.assicon2026pune.com](http://www.assicon2026pune.com) (Online charges as applicable)**

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, 10<sup>th</sup> Floor, N. C. Kelkar Road, Shivaji Park, Dadar West, Mumbai 400 028.

Tel.: 022-35406187, 35106391, 35406576, 35406579 | Email: [conferences@vamaevents.com](mailto:conferences@vamaevents.com)