



Annual Conference of Solapur Orthopaedic Society

# SOLAPUR TRAUMA MEET 2025

Under the aegis of

MAHARASHTRA ORTHOPAEDIC ASSOCIATION

## LEICESTER SHOULDER TRAUMA COURSE UK



# STM-2025

“Leicester Shoulder Trauma Course UK”  
with International Faculty

17<sup>th</sup> | 18<sup>th</sup> | 19<sup>th</sup>  
JANUARY – 2025

[Click here for Registration Link](#)



**Dr. Gurunath Wachche**  
President, SOS



**Dr. Handralmath Sunil**  
Secretary, SOS

Applied for  
**6 MMC**  
Credit Points

Venue : Hotel Balaji Sarover Premiere, Solapur, Maharashtra

[projects@rnsevents.com](mailto:projects@rnsevents.com) 7875446478

Conference Secretariat:



# LEICESTER SHOULDER TRAUMA COURSE UK

## International Faculty



**Dr. Amit Modi**  
(UK)



**Dr. Radhakant Pandey**  
(UK)



**Dr. Harvinder Singh**  
(UK)



**Dr. Ashish Babhulkar**  
Course Director



**Dr. Deepthi Nandan**  
(Hyderabad)



**Dr. Pradeep Kothadia**  
(MOA, President)



**Dr. Abhijit Waheonkar**  
(MOA, Secretary)

## Executive Team Members



**Dr. Vishwanath Iyer**  
Patron



**Dr. Kantilal Daga**  
Patron



**Dr. Prashant Aurangabadkar**  
Vice President



**Dr. B Shivashankar**  
Advisory Committee



**Dr. Raut Manmat**  
Executive Members



**Dr. Sanjeev Bhandari**  
Advisory Committee



**Dr. Adarsh Mehta**  
Legal Advisory



**Dr. Vyankatesh Metan**  
Legal Advisory



**Dr. Rajan Dhandore**  
Imm. Past President



**Dr. Asit Chidgupkar**  
Past Secretary



**Dr. Milind Joshi**  
Executive Members



**Dr. Guddu Babladi**  
Executive Members



**Dr. Shirish Tumbal**  
Executive Members



**Dr. Sudhanshu Kothadia**  
Executive Members

# STM 2025 REGISTRATION PACKAGES

## NON-RESIDENTIAL REGISTRATION

Category	Up till 31 <sup>st</sup> Dec. 2024	1st Jan. - 16 <sup>th</sup> Jan. 2025	Spot Registration
Delegate	Rs. 14000/-	Rs. 15,000/-	Rs. 16,000/-
P. G. Students	Rs. 10,000/-	Rs. 12,000/-	Rs. 14,000/-
Accompanying Person	Rs. 14,000/-	Rs. 15,000/-	Rs. 16,000/-

### Registration Fee Includes:

Registration for the Conference, Breakfast & Lunch on 17th, 18th & 19th January 2025, Gala Banquet Dinner on 17th & 18th January 2025, Visit to Trade Exhibition, 18% GST charges.

## RESIDENTIAL REGISTRATION FOR 3 NIGHT

Category	Charges
Single Occupancy	Rs. 18,000/-
Twin Sharing	Rs. 10,000/-
Double Occupancy with Accompanying person	Rs. 19,000/-

### Accommodation Charges Includes :

- ▶ 3 Night & 4 Days - Check in - 16<sup>th</sup> January 2025, 14 hrs & Check Out - 19<sup>th</sup> January 2025, 12 noon.
- ▶ Breakfast on 17<sup>th</sup>, 18<sup>th</sup>, & 19<sup>th</sup> January 2025
- ▶ Inclusive 18% GST charges

## RESIDENTIAL REGISTRATION FOR 2 NIGHT

Category	Charges
Single Occupancy	Rs. 12,000/-
Twin Sharing	Rs. 7,000/-
Double Occupancy with Accompanying person	Rs. 13,000/-

### Accommodation Charges Includes :

- ▶ 2 Night & 3 Days - Check in - 17<sup>th</sup> January 2025, 14 hrs & Check Out - 19th January 2025, 12 noon.
- ▶ Breakfast on 18<sup>th</sup>, & 19<sup>th</sup> January 2025
- ▶ Inclusive 18% GST charges

### CANCELLATION POLICY :

- ▶ 50% of the registration fee excluding GST amount will be refunded for cancellations received on or before 15th November 2024.
- ▶ 25% of the registration fee excluding GST amount will be refunded for cancellations received on or before 15th December 2024.
- ▶ No Refund for cancellation received post 15th December

### NOTE:

- ▶ The Residential charges are over and above the Conference Registration charges.
- ▶ Hotel standard check-in time is 2pm and standard check-out time is 12 noon, early check-in will be subject to availability on chargeable basis.

[Click here for Registration Link](#)



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**SOLAPUR TRAUMA MEET 2025**

Under the aegis of  
**MAHARASHTRA ORTHOPAEDIC ASSOCIATION**

**REGISTRATION FORM**

**Residential**

**2 Nights Residential Package:** Single Occupancy [ ] Twin Sharing Per Person [ ] Delegate with Accompanying Person [ ]  
**3 Nights Residential Package:** Single Occupancy [ ] Twin Sharing Per Person [ ] Delegate with Accompanying Person [ ]

**Non-Residential**

Member [ ] Non Member [ ] PG Student [ ] Accompanying Person [ ]

Surname: ..... First Name: .....

Postal Address: .....

.....

.....

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

\*Email (Please mention active email ID): .....

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

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

Accompanying person Name: 1. .... 2. ....

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

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

**Payment Details -**

Multicity Cheques or DD should be in the name of **Solapur Orthopaedic Society**

Mode of payment Cheque / DD No. .... Dated: ..... drawn on .....  
 favouring 'Name' payable at Mumbai.

**Please send duly filled registration form along with DD / Cheque to:**

**SOLAPUR ORTHOPAEDIC SOCIETY**  
 C/o. Wachche Hospital, Flat No. 13, Vishal Nagar, Jule Solapur Road, Solapur 413004

Note:  
 • Organizers will not be responsible for any mailers or information delivery failure incase the above is not completely filled.  
 • During availing of residential package, delegates will require to pay Rs. 5000/- or give their credit card details to the hotel at the time of check-in.  
 This is a refundable deposit for facilities used which are not listed in the package deal.