



STEREOCON 2026

4th-6th September 2026 | Goa Marriott Resort, Goa

REGISTRATION FORM

(PLEASE FILL IN UPPER CASE)

*Fields marked * are mandatory*

Surname*: First Name*:

Postal Address*:

City*: Pincode*: State*: Country*:

Tel. (with area code): Residence: GST No.

Medical Council No.*:

Active E-mail ID*: Mobile*:

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

Category: (Please ✓ mark in the box)

NON RESIDENTIAL <input type="checkbox"/> Delegate <input type="checkbox"/> PG Student / Fellow <input type="checkbox"/> Accompanying Person <input type="checkbox"/> International Delegate <input type="checkbox"/> Pre Conference Workshop	RESIDENTIAL: 3 Nights - 4 Days <input type="checkbox"/> National <input type="checkbox"/> International <input type="checkbox"/> Twin Sharing <input type="checkbox"/> Single Occupancy <input type="checkbox"/> Delegate + Accompanying Person
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PAYMENT DETAILS

 Multicity Cheques or DD should be in the name of **“Vama Events Pvt. Ltd.”** payable at "Mumbai"

Indian delegates who choose Offline registration may complete payment by Bank transfer, Cheques or DD.

Send completely filled form along with payment details to

 Conference Secretariat or email the scanned form to **conferences@vamaevents.com | stereocon2026@gmail.com.**

Without the duly filled form, registration will not be considered confirmed.