



15th Annual Conference of Maharashtra Association of Physicians (MAP)

Organised by Association of Physician of Satara

MAPCON 2025

EMPOWERING PHYSICIANS, ENHANCING LIVES !

13th - 16th November 2025 | Hotel Dreamland, Mahabaleshwar, Satara

REGISTRATION FORM

Dr/ Mr/ Ms/ Prof. First Name: Surname:

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.

Residential : Member ☐ Non Member ☐ Category A ☐ Category B ☐

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 ☐

Workshop for Registered Delegate : Yes ☐ No ☐

PAYMENT DETAILS

Account Name: ASSOCIATION OF PHYSICIAN OF SATARA

Account No.: 60492277394

Bank Name: Bank Of Maharashtra

Branch: Satara

IFSC No.: MAHB0000134

Type Of Account: Current

Mode of payment Cheque / DD No. Dated: drawn on.....

favouring 'ASSOCIATION OF PHYSICIAN OF SATARA' payable at Satara.

For any accommodation queries and hotel name confirmation, kindly contact our organising team:

Suresh Shinde: +91 98509 98899 | **Suresh Chavan:** +91 94224 00009 | **Yuvraj Pawar:** +91 94230 34334



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

VAMA EVENTS PVT LTD., VAMA EVENTS PVT LTD., Kohinoor Square Phase I, B Wing,
Office No. 1004, 10th Floor, N. C. Kelkar Road, Shivaji Park, Dadar West Mumbai - 400028
Tel.: 022 35131930 / 31 / 32 / 33 / 022 46052832 | mapcon24@gmail.com



Note: For delegates making payment via bank transfer through the registration form: Please share a **screenshot of your payment along with the completed registration form** at **apsatara09@gmail.com** or **conferences@vamaevents.com**