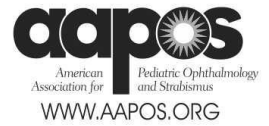




An Intercontinental Perspective of Pediatric Ophthalmology and Strabismus Joint Conference of AAPOS & SPOSI



DECEMBER 2 - 4, 2016, JAIPUR

Venue: Marriott Hotel, Jaipur, India

REGISTRATION FORM

Please complete in capital letters.

Title: Prof. Dr. Mr. Ms.

Full Name :

Category: (please tick) SPOSI Member No.

Non Member Resident/ Fellow Orthoptist Associate /Accompanying Person

Designation: Institute:

Address:

Mobile: Tel.: (O) (R)

Email:

Associate /Accompanying Person (s) Name : 1. 2.

Payment Details

Category	Upto 31 st Oct. 2016 (Rs.)	Upto 30 th Nov. 2016 (Rs.)	After 30 th Nov. and Spot (Rs.)
SPOSI Member	4500	6500	7500
Non Member	6000	8500	9500
Resident/ Fellow	3500	5000	6000
Associate/ Accompanying Person	3500	5000	6000
Orthoptist	4500	6500	7500

DD/Multicity cheque in name of : "AAPOS-SPOSI 2016", Payable at Jaipur.

For on-line registrations : **BANK OF BARODA, NEHRU PLACE, JAIPUR.**

Account Number : **21600100023027** IFSC Code : **BARBONEHJAI** MICR Code : **302012011**

DD/ Ch. No : Bank..... Date.....

Date:

Signature

Conference Secretariat :

Prof. Yogesh Shukla, Chief Organising Secretary

Rajathan Nursing Home, Gopalpura Bypass, Jaipur-302015 (Raj.), INDIA

Tel.: +91 0141 2503015 Mob.: +91 9314614932

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