



FUSION-2020

MIDTERM CONFERENCE OF

Strabismus & Pediatric Ophthalmological Society of India (SPOSI)

31st MAY 2020 (Sunday)

REGISTRATION FORM



Prof. Dr. Mr. Ms.

Name.....Gender.....

Hospital / Institution.....

Designation.....Department.....

Postal Address.....

City:Pin Code :Country :

E-Mail :Mobile :

State : Medical Council Reg Number :

Life Membership No. (SPOSI).....

Accompanying Person (S) : (1) (2):

Category	Early bird till 15th May 2020	SPOT
Delegate	Rs.: 750/-	Rs.: 1000/-
Residents	Rs.: 750/-	Rs.: 750/-

Mode of Payment

- Cheque / DD to be drawn in favour of - "Regional Institute of Ophthalmology" payable at Amritsar
- Cash
- NEFT / RTGS

Account Name : REGIONAL INSTITUTE OF OPHTHALMOLOGY
 Account No.: 50200022580091
 IFSC Code : HDFC0000115
 Bank Address : HDFC BANK Mall Road, Amritsar

Payment Details

Grand Total : _____ Cheque / DD No : _____
 Date : _____ Drawn on Bank : _____
 Branch : _____ Transaction ID : _____
 (In Case of Online Transaction)
 Total Amount in words : _____
 Date : _____ Signature : _____

For Office use only : Receipt : _____ Date : _____ Reg. No.: _____

Please submit duly filled form and payment of the Conference Secretariat
 Dr. Karamjit Singh (Professor) Room No. 23. Ram Lal Eye & ENT Hospital, Majitha Road, Amritsar -143001 (Pb.)
 Email: karamjitsingh2010@gmail.com | Mobile : 98159-80844