



Registration Form for Joint SPOSI-DOS Conference

Special Symposia: AAPOS, APSPPOS, ESA, ISA, IPOSC, IOA



PLEASE WRITE IN CAPITAL LETTERS ONLY
(All fields are Mandatory)

SPOSI Membership No.

9th - 10th Dec 2017
Venue: India Habitat Centre,
Lodhi Road, New Delhi

Name _____

Correspondence Address _____

_____ Pincode _____

Mobile _____ E-mail _____

(for Foreign Delegate) Passport Number: _____ Passport Validity _____
(Copy of visa to be sent to SPOSI Secretariat to complete registration processing)

Name of Spouse (if to be registered) _____

Name of Children (if to be registered) (1) _____ (2) _____

REGISTRATION FEE

✓ Category	Till 15.07.17	Till 01.09.17	Till 01.11.17	Till 25.11.17	Spot	
SPOSI Members						
<input type="checkbox"/> Member Delegate-Ophthalmologist	₹ 2500*	₹ 2800*	₹ 3000*	₹ 3100*	₹ 4000*	₹ _____
<input type="checkbox"/> Member Resident-Ophthalmologist**	₹ 1500*	₹ 1800*	₹ 2000*	₹ 2100*	₹ 2500*	₹ _____
Non Members						
<input type="checkbox"/> Non Member-Ophthalmologist	₹ 3000*	₹ 3200*	₹ 3400*	₹ 3500*	₹ 4500*	₹ _____
<input type="checkbox"/> Resident/Trainees in Ophthalmology						
<input type="checkbox"/> Optometrist						
<input type="checkbox"/> Spouse/Child***	₹ 1000*	₹ 1300*	₹ 1500*	₹ 2000*	₹ 3000*	₹ _____
<input type="checkbox"/> Trade Delegate	₹ 700*	₹ 900*	₹ 1200*	₹ 1400*	₹ 3000*	₹ _____
Foreign Delegate						
<input type="checkbox"/> SAARC Countries		Till 15.07.17 50 US Dollar*	After 15.7.17 100 US Dollar*			
<input type="checkbox"/> Europe/USA		100 US Dollar*	200 US Dollar*			
Total						₹ _____

IMPORTANT NOTES:

**Proof of residency required from HOD along with the registration form of the conference.

***Registration for Spouse/child must be done separately for each person.

Bank charge as applicable on all online transaction.

■ For Spot Registrants: Complete Kit subject to availability.

◆ Wearing of identity badge is mandatory at all times ◆ Entry to Scientific Sessions, Exhibition Area, Felicitation Ceremony will be Restricted to Registered Delegates only. ◆ Lost badge will be replaced at the registration counter for a fee of Rs. 300/-

◆ Pre-Registration closes on 25th November, 2017.

◆ Cancellation & Refunds: Cancellation is permitted upto 16th November 2017 only against a written request submitted to the conference secretariat and 50% of the registration fee would be deducted as processing charges. No Cancellation requests will be accepted thereafter.

◆ Attendance certificate will not be issued to associate delegates, trade delegates and optometrists.

▶ **Photo I-card will be required at the time of collection of registration kit.**

Total Rupees in words _____

By Demand Draft / Multi city Cheque/ Local Cheque No _____ Dated _____

Drawn on Bank _____ in favour of

“Strabismological Society of India” payable at New Delhi

or kindly pay through RTGS/NEFT to “Strabismological Society of India” Account No. 90682010105453

SWIFT Code: SYNBINBB126, **IFSC Code:** SYNB0009068, **MICR Code:** 110025072, **TAN Code:** DELS24569G, **Branch Code:** 009068

Branch Name: Maulana Azad Medical College, New Delhi, dated _____ and send us the transactions details with the form.

MAILING ADDRESS

Dr. Subhash C. Dadeya

President SPOSI & Organising Secretary

Room No.: 205, 2nd Floor, OPD Block,

Guru Nanak Eye Centre, Maharaja Ranjit Singh Marg,

New Delhi - 110002 ◆ (M) : 9810575899

Email : dadeyassi@gmail.com ◆ Website : www.sposiindia.org

FOR OFFICE USE ONLY

RECEIPT No.

REGN. No.

(Signature of Delegate)