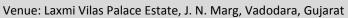


## 4<sup>th</sup> Annual Strabismus and Paediatric Ophthalmological Society of India Conference

## 1-2<sup>nd</sup> December 2018







|                             |                           |                      | BINOCULUS 18                               |                        |                     |
|-----------------------------|---------------------------|----------------------|--|------------------------|---------------------|
|                             |                           | RE                   | GISTRATION FROM                            | l                      | JSE CAPITAL LETTERS |
| Name                        |                           |                      |  |                        |                     |
|                             | First Nam                 | e                    | Middle Name                                | Last Nam               | ie                  |
| SPOSI Member                | ership No.                |                      |  |                        |                     |
| Address for C               | Co <u>rrespondence</u>    |                      |  |                        |                     |
|                             |                           |                      |  |                        |                     |
|                             |                           |                      |  |                        |                     |
| City                        |                           | Pin                  |  | State                  |                     |
| Mobile                      |                           | Email                |  |                        |                     |
|                             |                           |                      |  |                        |                     |
|                             |                           |                      |  |                        |                     |
|                             |                           |                      | culus Registration Tariff                  |                        |                     |
| Registration I              | Fees Structure Details:   | Please check applica | ble appropriate categor                    | ry and components as   | desired.            |
|                             |                           |                      |  |                        |                     |
| Category                    |                           | Early Bird           | Advance                                    | Advance                | Spot                |
| Please tick your category   |                           | upto 25th Oct 18     |  | 16th Nov - 28 Nov 18   | 29 Nov onwards      |
| SPOSI members               |                           | 3500                 | 4000                                       | 4000                   | 5000                |
| BOS members                 |                           | 3500                 | 4000                                       | 4000                   | 5000                |
| Non Members                 |                           | 4500                 | 5000                                       | 5500                   | 6000                |
| Spouse (Associate Delegate) |                           | 3000                 | 3500                                       | 3500                   | 4000                |
| Residents/ Fellows          |                           | 2500                 | 2500                                       | 3000                   | 3500                |
| *(need Certificate)         |                           |                      |  | -                      |                     |
| Trade Exhibitors/ Others    |                           | 5500                 | 6000                                       | 6000                   | 6500                |
| Total in Figur              |                           |                      |  |                        |                     |
| Total Rupees                |                           | 1                    |  | 1                      |                     |
| By Demand D                 | Praft                     | Multi City Cheque    |  |                        | _                   |
| drawn on                    |                           |                      | in favour of <b>"Baroda</b>                | Ophthalmic Society" p  | payable at Vadodara |
|                             |                           |                      |  |                        | 7                   |
|                             | action ID/ Receipt no.    | _,                   |  |                        |                     |
| Date                        |                           |                      |  | Signature              |                     |
|                             |                           |                      |  |                        |                     |
|                             |                           |                      |  |                        |                     |
| Online Payme                |                           |                      | sing Secretary                             |                        | Office Use only     |
| A/c name                    | Baroda Ophthalmic Society |                      | Dr. Jitendra Jethani                       |                        | Regn. No            |
| Bank Name                   |                           |                      | Baroda Children eye care and Squint Clinic |                        | Receipt no.         |
| Branch                      | Vanijya Bhavan, Race      |                      | 3 Panorama Complex                         | Date                   |                     |
| _                           | Circle, Vadodara-07       |                      | ıtt Road, Alkapuri, Vado                   |                        |                     |
| A/c no.                     | 201002773057              | 982556               | 50870 <u>xethani(</u>                      | <u>@rediffmail.com</u> |                     |

For Accomodation please contact <a href="mailto:xethani@rediffmail.com">xethani@rediffmail.com</a>

INDB0000017 390234002

barodaeyecare@gmail.com

IFSC Code

MICR Code