



# 2ND ANNUAL CONFERENCE INDIAN NEURO-OPHTHALMOLOGY SOCIETY

Theme: Comprehensive Neuro-Ophthalmology

30 November - 1 December, 2019 | India Habitat Centre, New Delhi

NOTES: \* These Fields are Mandatory.

Title : ..... First Name : ..... Last Name : .....

(PLEASE FILL IN CAPITAL LETTERS AS TO APPEAR IN THE CERTIFICATE)

Designation : ..... Department : .....

Hospital / Institution : .....

Mailing Address : .....

City : ..... State : ..... Pin Code : ..... Country : .....

\*E-mail : .....

\* Mobile : ..... Tel No Res / Off : .....

### Registration Category:

Category	Before 30 Sep. 2019	Regular Reg. 24 Nov. 2019	On Spot
Member Delegate	INR 1500	INR 2200	INR 3500
Non Member Delegate	INR 2000	INR 3000	INR 4000
Foreign Delegate	USD 100	USD 150	USD 200
SAARC Member	USD 75	USD 125	USD 175
Accompanying Person <i>No entitlement of conference kit</i>	INR 1500/ USD 75		
Optometrist <i>(Only 50 Seats, No On Spot Available)</i>	INR 1000		

\* If register under membership category, please mention your id .....

Registration details	Amount	Payment Details
Conference	: _____	Cheque/DD/NEFT/Cash : _____ Date: _____
		Drawn on Bank : _____
		Branch : _____
		Amount in words : _____
Total	: _____	Date: _____ Signature
		<b>Mode of Payment :</b>
		• At Par Cheque/DD to be drawn in favour of "INDIAN NEURO - OPTHALMOLOGY SOCIETY" payable at New Delhi.

Please send the duly filled registration form and DD/Cheque (NEFT/Cash deposit receipt) at the below mentioned secretariat address

### SECRETARIAT OFFICE :

**Prof. Rohit Saxena**

Room no 377, Dr. Rajendra Prasad Centre for Ophthalmic Sciences

All India Institute of Medical Sciences, New Delhi, India 110029

Phone: 91-11-26593182 | Email: secretariat.inos@gmail.com

Conference Manager:



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For Office use only : Receipt :

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