



# Registration Form for Joint SPOSI-DOS International Congress Special Symposia: AAPOS, APSPoS, ESA, ISA, IPOSC, IOA



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

SPOSI Membership No. \_\_\_\_\_

9<sup>th</sup> - 10<sup>th</sup> 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	
<b>SPOSI Members</b>						
<input type="checkbox"/> Member Delegate-Ophthalmologist	₹ 2500*	₹ 2800*	₹ 3000*	₹ 3500*	₹ 4000*	₹ _____
<input type="checkbox"/> Member Resident-Ophthalmologist**	₹ 1500*	₹ 1800*	₹ 2000*	₹ 2100*	₹ 2500*	₹ _____
<b>Non Members</b>						
<input type="checkbox"/> Non Member-Ophthalmologist	₹ 3000*	₹ 3200*	₹ 3400*	₹ 3800*	₹ 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*	₹ _____
<b>Foreign Delegate</b>						
<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*			
<b>Total</b>						₹ _____

### 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 (2.75%).

■ 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/SWIFT 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, 2<sup>nd</sup> 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. \_\_\_\_\_

Online Registration @ <http://bit.ly/2rpBFCk>

(Signature of Delegate)

For Registration, please contact:

Mr. Navin Kumar

T: +91-11-49104025, M: +91-9910875813

E: sposidos2017@gmail.com

For Accommodation, please contact:

Ms. Manisha

T: +91-11-49104018, M: +91-8800899833

E: summit@alpcord.net

CONFERENCE MANAGER:

