



**Andhra Pradesh
Ophthalmic Society (APOS)**



Conference Registration form.

Membership Number :

Name *

Gender *

Mobile *

Email *

User Type *. Member / Non Member / Resident / Associate delegate or Spouse (Round or Tick one)

Medical Council Number *

Medical Council State *

Phone (Home)

Phone (Office)

Address *

City *

State *

Pincode *

Food preferences * -Veg / Non Veg (Round/ Circle one)

EARLY BIRD EXTENDED TO 31ST JULY 2019

CATEGORY	UPTO 15 TH JULY 2019	16 TH JULY TO 15 TH AUGUST 2019	16 TH AUGUST 2019 ONWARDS
Member (Reg Fee)	4,500	5,500	6,500
Resident (Reg Fee)	3,500	4,500	5,500
Non Member (Reg Fee)	5,000	6,000	7,000
Associate delegate / Spouse (Reg Fee)	3,500	4,500	5,500

Cheque / DD / Online Transfer can be made to : **Andhra Pradesh Ophthalmic Society** IFSC Code : ANDB 000 2603

Account No: 2603 1110 0001 699 Branch : 2603 Mogalrajapuram, Vijayawada - 520010

Send the filled forms and DDs to

DR MEHER TEJ RAVULA - Treasurer & Joint Secretary EYE FEST 2019

Managing Director & Vitreoretinal Surgeon -Nayana Eye Care

2-1-50, Srinagar

Kakinada - 533003

Andhra Pradesh