



GLAUCOMA SOCIETY OF INDIA

For Secretariat use

Payment processed

Reg. No.

## Registration Form

Date \_\_/\_\_/\_\_\_\_

Name: Dr. / Mr. / Ms: \_\_\_\_\_

Contact Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ Pin Code: \_\_\_\_\_ State: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mobile No. : \_\_\_\_\_ Tel: \_\_\_\_\_

Category:

GSI Member before 30-09-10  Rs: 500/- Non Member before 30-09-10  Rs: 750/-

Late Registration after 30-09-10  Rs: 1000/-

GSI Membership No. \_\_\_\_\_

Payment by DD in favour of "Glaucoma Society of India 2010" (Payable at New Delhi)

Amount \_\_\_\_\_ Draft No. \_\_\_\_\_

Dated \_\_\_\_\_ Drawn On. \_\_\_\_\_

**Signature**

**Filled up registration forms should be sent to Conference Secretariat.**

You can also contact for any queries and bookings of accommodation on the below details.

**Conference Secretariat:** "Conference With Us " D 8/8127, Vasant Kunj, New Delhi-70

Contact: Mr. Dharmendra Yadav, Tel. 0091 -011-45199100, 25513051.

Mobile No. +919873784412

**E-mail:-** [gsicon2010@gmail.com](mailto:gsicon2010@gmail.com)