

REGISTRATION FORM

Name _____

Institute/ Hospital _____

Address _____

Contact mobile number _____

Contact e-mail ID _____

Registration Category:

1. Delegate

2. Post-graduate and fellows

Registration Details:

Early bird offer-till April 30th Only

Delegate <input type="checkbox"/>	Rupees 2000.00/-
P.G. Trainee <input type="checkbox"/>	Rupees 1000.00/-

From 30th April 2017 - 5th July 2017

Delegate <input type="checkbox"/>	Rupees 3000.00/-
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****Please Note:** Online and Offline Registration closes on 5th July 2017, post that only spot registration will be allowed at the venue @ Rs. 3500/-

To book accommodation please visit our website www.retinasummit.in or call accommodation manager at +91 95516 77761

Conference Secretariat
RETINA SUMMIT 2017
R. Manjula
+91-984 113 9325
+91-044-42271500 extn. 1343
retinasummit2017@snmail.org
www.retinasummit.in

INSTRUCTIONS AND PAYMENT DETAILS

1. For Bank draft or Cheque payment:

Bank Demand Draft/Cheque number _____ for INR _____ Dated __/__/____ drawn on _____ Bank towards registration for “ Retina Summit 2017” in favour of “Medical Research Foundation” payable at Chennai, India.

Post-Graduates / Fellows to please attach a certificate from the Head of department / Institution.

Please mail the complete registration form with payment draft to

RETINA SUMMIT 2017

Conference Secretariat:
Medical Research Foundation
Sankara Nethralaya
18, College Road
Chennai- 600006

2. For Payments through NEFT & RTGS

Bank Name: HDFC BANK LTD
Branch: NUNGAMBAKKAM BRANCH, CHENNAI-34
Beneficiary Name: MEDICAL RESEARCH FOUNDATION
Account Number: 00821000087815
BANK CODE: 510072
BRANCH CODE: 0082
MICR NO: 600240006
SWIFT CODE: HDFCINBBCHE
IFSC CODE: HDFC0000082

Please send your passport size photo for use in conference stationery to retinasummit2017@snmail.org

Please follow our websites for abstract submission and other details www.retinasummit.in and

Facebook page:

<http://www.facebook.com/Retina-Summit-212820139067658>

Conference Secretariat
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