

ABSTRACT FORM

FILM SUBMISSION

At EyeAdvance 2008 Mumbai

Last Date for Receipt : 21st June 2008

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Received on :

Acknowledged on : _____ by :

Result : ACCEPTED/REJECTED

CODE : **FILM**

Chief Producer

Address for correspondence

Phone with STD code : (Off.)

Fax

City :

Pincode

E-mail :

Title of the Film (not exceeding 30 words)

Abstract (must be between 80-100 words)

Co-Producers (not more than 5)

Name

City

Section (Please tick One only)

Cataract

Uvea

Orbit/Plastic

Retina/Vitreous

Glaucoma

Cornea

Trauma

Squint

External Disease

Lacrimal

Optics/refraction/CL

Pediatric

Refractive Surgery

Community/Social

Miscellaneous

Inflammation

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INSTRUCTIONS

ENSURE ALL SECTIONS ARE COMPLETED and send ONE copy to

The Congress Secretariat

EYEADVANCE 2008

THE Mehta International Eye Institute & Colaba Eye Hospital.

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Mumbai 400 005. India. • Phone: (91-22) 22151676 / 22151303 / 22150082

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(send ONE self addressed and stamped envelope

(for return acknowledgment) with your presentation

Signature of Chief Producer