

EyeAdvance'2008

VIIth INTERNATIONAL CONGRESS ON ADVANCES IN OPHTHALMOLOGY

REGISTRATION AND RESERVATION FORM

Please type or write in block letter

Tick (3) the squares where applicable

STATUS

Delegate

Accompanying
Delegate

Trade
Delegate

Resident

Guest
Speaker

Dr. / Mr. / Mrs.

_____ (Surname)

_____ (First Name)

_____ (Initial)

Hospital / Institution / Organization _____

MailinAddress _____

Country _____

Pin / Zip Code _____

Telephone Off. _____

Mob. _____

Resi. _____

Fax: _____

E-mail _____

Accompanying Delegate(s)

Dr. / Mr. / Mrs. _____

I enclose a Bank Demand Draft / Cheque No. _____

Dt _____

for a total sum of

Rs. _____ (In words)

_____ drawn

on _____ Bank at _____

and

payable to "EyeAdvance 2008".

FOR OFFICE USE

Date Received _____

Amount : _____

Registration No. _____

Receipt No. _____

Please return completed form to

Conference Secretariat :

The Mehta International Eye Institute

Sea Side, 147, Shahid Bhagat Singh Road, Near Colaba Bus Station, Mumbai - 400 005. India. © (91) 22- 2215 1303,
2215 1676, 2215 0082 • Fax No.: (91) 22-22150433

E-Mail: admin@eyeadvance.com • keikimehta@eyeadvance.com • Website : www.eyeadvance.com