



KOSCON 2017
 Ophthalmic Universe... be a part of it
Annual conference of the Karnataka Ophthalmic Society
 3rd to 5th November, 2017
 Hotel Lalit Ashok, Bengaluru



REGISTRATION FORM

NAME (In Capital Letters):

Age : Sex: M F

Hospital/Institution :

Mailing Address :

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Mobile No : Phone :

E-mail :

BOS member KOS Member Membership No : Others :

Fellow/ Post Graduate

KMC / Other medical council No.

MODE OF PAYMENTS:

- CHEQUE / DD in favor of "BANGALORE OPHTHALMIC SOCIETY"
- Online** through web site : www.kosconference.org

Please find enclosed Rs. _____, in words _____

By Cheque/DD No. _____ Dated _____ Drawn on _____

REGISTRATION FEES

	Early bird up to July 31, 2017	Late up to Oct 14, 2017	Spot Registration
BOS / KOS members	4000	5200	6300
PGs / Fellows	3000	3500	4000
Non-KOS/BOS members	4600	5800	7000
Spouse/Associate delegate	3000	3500	4000
Trade delegate	4000	5200	6300
Senior citizens (above 70 years)	Complimentary (No Fee)		
Register for SSTC/TSTC Course by ticking the box <input type="checkbox"/> (Rs.500/- per course will be collected separately later).			

Mail the completed Registration form along with DD/ cheque to:



Dr. Shailesh G.M.
Organizing Secretary, KOSCON 2017

Shekar Eye Hospital
 #633, 100 Feet Ring Road,
 JP Nagar 3rd Phase,
 Bengaluru - 560078
 Phone: 080-26596777

(Registration fees is inclusive of Service tax of 15%)

- Registration Fee includes: Delegate kit, admission to Scientific/trade exhibitions, Lunch/coffee & Banquet.
- Additional** Banquet coupons are available at Rs.1800/-
- PG / Fellows: Letter from HOD / Institute & a copy of ID card is mandatory.
- Senior citizens (above 70 years): Registration is a must and is Complimentary before 30th September 2017
- Spot Registration delegates are NOT ELIGIBLE for CME Credit hours (New KMC rules)
- CME credit hours subject to attendance of entire programme on 3 days.
- Certificates will be issued on the last day of the conference (5th November); Only to delegates who register before 14th October 2017.
- No refunds will be made for cancellations.

Date:

Signature of Delegate

*Kindly send us an email to koscon2017@gmail.com with Transaction details and bank name, so that the transaction can be tracked.

Contact: Ph No – 080 26596777, 9844023130 | Website: www.kosconference.org | Email: koscon2017@gmail.com