



14th September 2014

UPDATE on Orbital Diseases and Neuroophthalmology

Organised by Prabha Eye Clinic, under the aegis of Karnataka Ophthalmic Society and Bangalore Ophthalmic Society

Venue: THE RITZ - CARLTON BANGALORE
No.99, Residency Road, Bangalore - 560 025 Karnataka India

REGISTRATION FORM

Personal Information:

Name:

Gender: Male Female

Mailing Address:

City:

Pin Code:

Mobile no.:

Tel. No.:

Fax no.:

Email ID:

KMC / OTHER MEDICAL COUNCIL REGN NO:

Delegate Registration Fee Structure:

Registration Category	Advance Registration	Spot Registration
Delegate	1000	1500
Residents/Trainees*	500	1000
Workshops (Subject to Availability for 1 st 100 registrations)	Free	Free

* HOD certificate mandatory

Workshops Category:

Workshop 1. LOW VISION AIDS + PRISM FITTING

Workshop 2. Interpretation of CT Scan & MRI

Workshop 3. BOTOX - THERAPEUTIC USES

[Registration fee includes Delegate Kit (subject to availability for spot registrations), Admission to the scientific sessions, trade exhibitions, Lunch and Tea. Eligibility to get 2 KMC CME Credit hours, Subject to Attendance of Entire Program. Certificates will be distributed at 6:15 p.m to delegates who register before 7th September.

Total Registration Amount:

By DD/ Cheque No.:

Dated:

Issuing Bank:

in favor of **NETRA ENTERPRISES**
Payable at Bangalore.

Payments can also be made by RTGS/NEFT to the following bank account:

Account Name: M/s. NETRA ENTERPRISES (PRABHA EYE CLINIC & RESEARCH CENTRE)

HDFC BANK LTD

Branch Name: K.R. ROAD

Account No: 08752530000024

IFS CODE-HDFC0000875

MICR Code: 560240028

Kindly send us an email if you are making the payment by NEFT with the transaction details and bank name, so the transaction can be tracked.

Cancellations and Refunds:

No refunds will be made for cancellations

Please mail the completed registration form to:

Mr. SRINIVAS SHARMA

Prabha Eye Clinic, #504, 40th Cross, Jayanagar 8th Block, Bangalore 560070

For any queries regarding registration, please contact

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