



BOSSUMMIT 2015

CONNECT SHARE UPDATE

Under the aegis of KARNATAKA OPHTHALMIC SOCIETY

21st & 22nd June 2015

Venue: Hotel ITC Gardenia, No.1, Residency Road,
Bangalore-560025



REGISTRATION FORM

NAME*:

Age:.....

Sex: M

F

Hospital/ Institution:.....

Mailing Address.....

Mobile No*:-

Phone.....

E-mail*:.....

BOS member Membership No : KOS Member: Membership No None

Delegate Fellow/ Post Graduate

Karnataka Medical Council (KMC) No : If Other States : Council; No.

Register for Wet Lab Session-----Yes No

* Mandatory fields to be filled

Please find enclosed Rs. _____, in words _____
By Cash/Cheque/DD No. _____ Dated _____ Drawn on _____

Signature of Participant

Registration fees

	Early bird Up to April 30, 2015	Late June 15, 2015	Spot after June 15, 2015
BOS / KOS Life & Associate Member	1400	1900	2400
Other Delegate	1900	2400	2900
PGs / Fellows	1000	1400	1900

Please mail the completed Registration form along with DD/ cheque to:

DR SHAILESH G M,
REGISTRATION COMMITTEE CHAIRMAN,
BOS SUMMIT 2015
Shekar Nethralaya,
#633 , 100ft Ring Road ,
JP Nagar 3rd Phase,
BANGALORE - 560078

- Spot Registration : Subject to availability & CME Credit hours not guaranteed.
- PG / Fellows: Letter from HOD / Institute & a copy of ID card is necessary.
- Registration Fee includes: delegate kit, admission to Scientific Sessions & trade exhibitions, Lunch & Coffee / Tea.
- CME credit hours subject to attendance of entire programme on 2 days.
- Certificates will be issued at 5.00 pm only to delegates who register before 15th JUNE 2015.
- No refunds will be made for cancellations.
- Use one form for each registration.

MODE OF PAYMENTS

1. CHEQUE / DD in favor of "Bangalore Ophthalmic Society"
2. *NEFT / RTGS
3. *Through web site : www.bossummit2015.in

NAME OF THE BENEFICIARY: Bangalore Ophthalmic Society
NAME OF THE BANK : Axis Bank Ltd
BRANCH : JP Nagar, Bangalore
ACCOUNT NUMBER : 911010053347017
Account type : Savings Account
IFSC Code : UTIB0000333

*Kindly send us an email to joinbossummit15@gmail.com with Transaction details and bank name, so that the transaction can be tracked.

For any queries regarding registration, please contact:
Ph No – 080 26593210, 9844023130

Email: joinbossummit15@gmail.com