



# REGISTRATION FORM FOR WINTER DOS CONFERENCE, 2018

PLEASE WRITE IN CAPITAL LETTERS ONLY  
(All fields are Mandatory)

DOS Membership No. \_\_\_\_\_

17<sup>th</sup> - 18<sup>th</sup> NOV, 2018  
Venue: India Habitat Centre,  
Lodhi Road, New Delhi

Name \_\_\_\_\_

Correspondence Address \_\_\_\_\_

Pincode \_\_\_\_\_

Mobile \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Spouse (if to be registered) \_\_\_\_\_

Name of Children (if to be registered) (1) \_\_\_\_\_ (2) \_\_\_\_\_

## REGISTRATION FEE

✓ Category	Till 30.09.18	Till 15.10.18	Till 30.10.18	Spot	
<b>DOS Members</b>					
<input type="checkbox"/> Member Delegate-Ophthalmologist	₹ 1000*	₹ 1200*	₹ 1400*	₹ 2000*	₹ _____
<input type="checkbox"/> Member Resident-Ophthalmologist**	₹ 900*	₹ 1000*	₹ 1200*	₹ 1500*	₹ _____
<b>Non Members</b>					
<input type="checkbox"/> Non Member-Ophthalmologist	₹ 1500*	₹ 1800*	₹ 2100*	₹ 2500*	₹ _____
<input type="checkbox"/> Resident/Trainees in Ophthalmology					
<input type="checkbox"/> Optometrist					
<input type="checkbox"/> Spouse/Child***					
<input type="checkbox"/> Trade Delegate	₹ 1000*	₹ 1200*	₹ 1400*	₹ 1600*	₹ _____
<b>Past President/Senior Citizen &gt;70 years</b>					
<input type="checkbox"/> Past President (DOS or AIOS)					₹ NIL
<input type="checkbox"/> Senior Citizen >70 years					
<b>Total</b>					₹ _____

\*Inclusive Taxes

\*\*Proof of residency required from HOD along with the registration form of the conference.

\*\*\*Registration for Spouse/child must be done separately for each person.

Bank charge as applicable on all online transaction.

**For Spot Registrants: Complete Kit subject to availability.**

- ♦ Wearing of identity badge is mandatory at all times ♦ Entry to Scientific Sessions, Exhibition Area, Felicitation Ceremony will be Restricted to Registered Delegates only. ♦ Lost badge will be replaced at the registration counter for a fee of Rs. 300/-
- ♦ Pre-Registration closes on 30th October, 2018. Past Presidents of DOS or AIOS and Senior Member (>70 years) will be registered complimentary provided their registration form is received till 30th October.
- ♦ DOS life members Senior Citizen above >70 years are requested to send the registration **form along with a proof of age.**
- ♦ Cancellation & Refunds: Cancellation is permitted upto 30th October, 2018 only against a written request submitted to the conference secretariat and 50% of the registration fee would be deducted as processing charges. No Cancellation requests will be accepted thereafter.
- ♦ Attendance certificate will not be issued to associate delegates, trade delegates and optometrists.

▶ **Photo I-card will be required at the time of collection of registration kit.**

Total Rupees in words \_\_\_\_\_

By Demand Draft / Multi city Cheque/ Local Cheque No \_\_\_\_\_ Dated \_\_\_\_\_

Drawn on Bank \_\_\_\_\_ in favour of

“Delhi Ophthalmological Society” payable at New Delhi

### MAILING ADDRESS

**Dr. Subhash C. Dadeya**

General Secretary

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Email: info@doscon18.org / dosrecords@gmail.com | Web: www.doscon18.org / www.dosonline.org

### FOR OFFICE USE ONLY

RECEIPT No. \_\_\_\_\_

REGN. No. \_\_\_\_\_

\_\_\_\_\_  
(Signature of Delegate)