

REGISTRATION FORM FOR "NZOS EYECON 2018"

(7th-9th September at GMCH-32, Chandigarh)

32 Annual Conference Of North Zone Ophthalmological Society

Name: _____ NZOS Membership Number: _____

Address: _____

Email: _____ Mobile: _____

Payment By Cash/Cheque/DD No. _____ Dated: _____

(in favor of NZOS CON 2018 Payable At Chandigarh)

Registration as:

Delegate Member Delegate Non-member Associate Delegate Resident (tick one)

	NZOS Members/Delegates	Resident/Associate Delegate
Early Bird Registration (Last date of Early Bird Registration 31 st July 2018)	2500 /-(including GST)	1000/- (including GST)
On The Spot	3500/- (including GST)	2000/-(including GST)

Mailing Address:

Dr. Suresh Kumar

Organising Secretary

Department of Ophthalmology

Government Medical College and Hospital

Sector-32, Chandigarh-160030

Email: drsuresh.kumar.gupta@gmail.com