

REGISTRATION FORM

CME ON REFRACTIVE SURGERIES
at Hotel Hyson Heritage, Bank Road, Calicut
on Sunday, 17th August 2014

NAME

ADDRESS

..... Pincode:

Phone Number/s..... Mobile.....

Institutional Affiliation.....

(For P.G. Students only)

STATUS		REGISTRATION FEE
DELEGATES	<input type="checkbox"/>	Rs300/-
PG Students	<input type="checkbox"/>	Rs200/-
Spot Registration	<input type="checkbox"/>	Rs350/-

Enclosed Demand Draft / Cheque payable at Calicut No..... dated.....for
Rs.....in favour of COMTRUST EYE HOSPITAL issued
by..... Bank. (for outstation cheques add Rs.50/= as collection charge)

Mail your completed forms along
with Cheque / DD to

Dr.A.C.Seena
Organising Secretary
COMTRUST EYE HOSPITAL
PUTHIYARA
CALICUT - 673004 -KERALA

.....
(Signature)

please contact for any assistance to

Phone: 9496809265
E-mail: admin@comtrusteyehospital.org
www.comtrusteyehospital.org