

OSKON 2018 REGISTRATION FORM

Name _____

Institute/ Hospital _____

Address _____

Contact mobile number _____

Contact e-mail id _____

Registration Category

Delegate Early Bird

Delegate-in training Advance

REGISTRATION DETAILS

| | Early Bird Upto June 20 th 2018 | | Advance June 21 st 2018 to July 26 th 2018 | | Spot 27-29 th July 2018 | |
|----------------------|---|---------|--|---------|---------------------------------------|---------|
| | | | | | | |
| Delegate | 2500 INR | 100 USD | 3000 INR | 125 USD | 3500 INR | 150 USD |
| Delegate-in training | 1000 INR | 50 USD | 1500 INR | 75 USD | 2000 INR | 100 USD |

Payment

Bank Demand Draft/ Cheque Number _____ for INR _____
dated _____ drawn on _____ Bank
towards registration for OSKON2018 in favour of Medical Research Foundation payable at Chennai,
India.

Delegates- in training to please attach a certificate from the Head of Department/ Institution.

Please mail the completed registration form with payment draft to

Dr Geetha Iyer

Organizing Secretary

OSKON 2018

Sankara Nethralaya

18, College Road,

Chennai-600006

For further information please contact

or email to oskon2018@snmail.org