

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 April 30 th 2018		Advance May 1 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 2015

Sankara Nethralaya

18, College Road,

Chennai-600006

For further information please contact

or email to oskon2015@snmail.org