EYECON 2024

26th Annual Conference of Punjab Ophthalmological Society

13th-15th December, 2024 | Hotel Sepal, Bathinda

OFFLINE REGISTRATION FORM

Please Write in Capital Letters Only

Name _____

Mailing Address.....

.....

.....

Mobile No. _____ **Telephone No.** _____

E-mail.....

POS Membership No. (If Applicable) .....Qualification.....

Associate Delegate (1).....(2).....

Name of Spouse (For Life Member Couple) .....

PAYMENT DETAILS

Delegate : .....

Associate Delegate (s) : .....

Total : .....

Cheque/DD/Transaction ID : .....

Payment Options : Scan the QR code/ Use UPI Id/ Cheque / Demand Draft favouring "Bathinda Ophthalmological Society" payable at Bathinda

Name : Bathinda Ophthalmological Society
Type of Account : Current
Account No. 1813000102033040

GSTIN : 03AACTB3749H1ZY

Punjab National Bank
Bathinda
IFSC Code : PUNB0181300

UPI ID : 9463211244m@pnb

Scan the QR Code to pay the Registration Fee

Conference Secretariat
Dr. Parul Gupta
Gupta Hospital
Power House Road, Bathinda - 151001
Ph:. +91-8146008061
E-mail : bos.bathinda@gmail.com

Event Manager
SAI EVENTS
Chandigarh
Professional Conference Organizers
+91-8264426994, 9592909994
E-mail : saievents.chd@gmail.com

REGISTRATION FEE	Early Bird Upto 30th Sept. 24	1st Oct to 30th Nov. 24	1st Dec 24 to on Spot
Life Member	2360	2950	3540
Life Member Couple	3540	4130	4720
Non-Member	2950	3540	4130
Associate Delegate	1770	2360	2950
Postgraduate Students	1770	2360	2950
Life Member Senior citizen (age 65+)	FREE	FREE	FREE

Registration Partner AROMED PHARMACEUTICALS

Note : (1) PG Students must furnish certificates from HOD. (2) No refunds on cancellation of registration