

# 35<sup>TH</sup> ROS CONFERENCE 2012

27th & 28th October 2012

(Venue: Paradizzo, Tongiya Resorts, Opp. RTO, Jaipur Road, Ajmer)

Email: [rosajmer2012@gmail.com](mailto:rosajmer2012@gmail.com)

## REGISTRATION FORM

Name Dr. \_\_\_\_\_

ROS Membership No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Accompanying Person Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. Clinic: \_\_\_\_\_ Tel Residence: \_\_\_\_\_

E-mail: \_\_\_\_\_

Status:  Delegate  Delegate Non-Member  
 Accompanying Person  P.G. Student

Registration Fees	Till 15th Sept 2012	15th Sept – 15th Oct	On Spot
Members	Rs. 1000/-	Rs. 1500/-	Rs. 2000/-
Delegate Non Member	Rs. 1200/-	Rs. 2000/-	Rs. 2500/-
Resident Doctors*	Rs. 500/-	Rs. 500/-	Rs. 750/-
Spouse / Accompanying Delegate	Rs. 800/-	Rs. 1200/-	Rs. 1500/-

### PAYMENT DETAILS

Delegate Registration Fee : Rs .....

Accompanying Person Fee : Rs .....

Cheque No. / DD No. \_\_\_\_\_ Amount: INR \_\_\_\_\_

Bank Details: \_\_\_\_\_ Date: \_\_\_\_\_

(Kindly use one form for per person, Those Members Registering their spouse are Requested to fill Separate form for spouse)  
(Members paying cash for Registration are requested to insist for receipt of Payment and should fill this form.)

Payments by Cheque / DD favouring "ROS Conference 2012"

Send to **CONFERENCE SECRETARIAT**

\*Resident doctors sending registration fees should also send a letter / certificate from respective Head of Dept. Endorsing their residency.

### For Office Use Only :

Application Received on: \_\_\_\_\_

Registration No.: \_\_\_\_\_ Receipt No.: \_\_\_\_\_

(This Registration form can be Xeroxed and Sent)

**CONFERENCE SECRETARIATE**

Dr. Arun Kshetrapal

Kshetrapal Eye Hospital and Lasik Laser Centre, Kutchery Road, Ajmer – 305001

Mob.: +91 9414002848 □ E-mail: [drkshetrapal@gmail.com](mailto:drkshetrapal@gmail.com)