



**Thirty-Fourth Annual Meeting of the  
Andhra Pradesh Ophthalmological Society, 2010  
Registration Form**

**Section 1. Personal Particulars**

FIRST Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

FAMILY Name \_\_\_\_\_

Name exactly as you want printed on the Delegate Badge and Certificate of Participation

Title            Dr    Prof    Mr    Ms

Qualification   MD    MS    DNB    DO    FRCS    PhD    MBBS    OTHER

Affiliation \_\_\_\_\_  
Name the Hospital/Laboratory/University/Company, City

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Pin Code \_\_\_\_\_

Email \_\_\_\_\_  
Providing an active e-mail ID is mandatory – all conference communications will be on email.

Telephone \_\_\_\_\_  
(city code – number)

Telephone (mobile) \_\_\_\_\_

Fax \_\_\_\_\_  
(city code – number)

**Section 2. Registration Category**

Tick as applicable

- |   |  |
|---|--|
| <input type="checkbox"/> APOS/HOA Member _____<br>(membership number) | <input type="checkbox"/> Early Bird Registration (June 1 to July 31, 2010)       |
| <input type="checkbox"/> Non-Member/Trade Delegate                    | <input type="checkbox"/> Advance Registration (August 1 to August 31, 2010)      |
| <input type="checkbox"/> Student/Resident/Fellow                      | <input type="checkbox"/> Late Registration (September 1 to September 15, 2010)   |
| <input type="checkbox"/> Spouse/Child                                 | <input type="checkbox"/> Onsite Registration (October 1, 2010, 07:00 AM onwards) |

**Section 3. Payment**

Please find enclosed a bank draft for Rs \_\_\_\_\_ number \_\_\_\_\_ dated \_\_\_\_\_ drawn on \_\_\_\_\_ Bank and in favor of "APOC 2010" payable in Hyderabad.

**For Office Use**

Payment deposited on \_\_\_\_\_

Payment realized on \_\_\_\_\_

Acknowledgement sent on \_\_\_\_\_

Data uploaded on \_\_\_\_\_

**REGISTRATION NUMBER**