

March 25, 2018

Registration Form

Name: _____

Mailing Address: _____

Phone: (prefix city code) _____

Mobile: _____ Email: _____

Pre-registration: ₹750 for practicing ophthalmologists; Residents/ Fellows: ₹500

Spot registration: ₹1000 for practicing ophthalmologists; Residents/ Fellows: ₹500

Web-streaming registration: ₹500

Pre-registration closes: **March 10, 2017**

Amount: _____ Draft/Cheque No. _____

Date: _____ Bank/Branch _____

Draft/Cash/Cheque should be made in favour of 'Hyderabad Eye Institute', payable at Visakhapatnam, and mailed with a printout of the filled-in form to the mailing address given below:

Dr Virender Sachdeva

Consultant, Pediatric Ophthalmology, Strabismus & Neuro-ophthalmology

L V Prasad Eye Institute

GMR Varalakshmi Campus

Hanumathawaka Junction, Visakhapatnam 530040

Tel: 0981 3984000 Fax: 0891 3984444 Mobile: +91 9505920647

Email: vsachdeva@lvpei.org, virendersachdeva@yahoo.com

or

Mr Lokesh / Mr Chandrasekhar

Tel: 0891 3984103/307, Mobile: +91 9396612020 / 8880709548

Email: lokesh@lvpei.org, gmr-clr@lvpei.org Website: www.lvpei.org

Payment for the workshop can also be made online. Further details provided at the backside.

BANK DETAILS

Beneficiary Name : HYDERABAD EYE INSTITUTE

Account Type : Savings Bank

Bank Account Number : 0031104000250535

Name of the Bank : IDBI Bank

Bank Branch Name : Siripuram Branch

Bank City : VISAKHAPATNAM

Bank Branch MICR Code : 530259002

Bank Branch IFSC Code : IBKL0000031

Note: Please mention your name in the remarks column while doing online transaction.