



Prof. Dr. Mr. Ms.

*Name Gender : M F
(PLEASE FILL IN CAPITAL LETTERS AS TO APPEAR IN THE CERTIFICATE)

Hospital / Institution : Age:.....

Designation : Department :

Postal Address :

City : Pin Code : State :

Country : *E-mail:

*Mobile: Alternate No:

*State..... Medical Council Reg Number:

Do you wish to apply for travel grant Yes No

Registration Category

Member Membership No. _____ Non-Member PG Students

Accompanying Person(s): (1) Age:

(2) Age:

Registration

Category	Early bird till 30 th June 2018	1 st July 31 st August 2018	1 st September 31 st October, 2018	Spot
USI Member	₹ 3600/-	₹ 4200/-	₹ 4800/-	₹ 5800/-
Non Member	₹ 4000/-	₹ 4600/-	₹ 5200/-	₹ 6200/-
PG Students	₹ 2500/-	₹ 2500/-	₹ 3000/-	₹ 4000/-
Basic Uveitis Course	(For PG's & General Ophthalmologist) ₹ 500/-			
Accompanying person	₹ 4000/-	₹ 4000/-	₹ 4000/-	₹ 5000/-

Mode of Payment

- Cheque / DD to be drawn in favour of -
"UVEITIS SOCIETY OF INDIA EYE RESEARCH FOUNDATION" payable at **Chandigarh**
- For Online Registration & Payment log on to www.indianuveitis.org
- 3% Processing fee will be additionl on online registration

Note: All PG's must carry a valid ID.

Payment Details

Conference Fee : _____ Cheque / DD no : _____

Date : _____ Drawn on Bank : _____

Branch : _____

Total amount in words: _____

Date:

Signature:

For Office use only : Receipt :

Date :

Reg No :

Please submit the duly filled form and payment to the Conference Secretariat

USICON 2018, (c/o Hallmark Events) "Maruthi ", 688, 1st Floor, 6th Main, 3rd Block

BEL Layout Vidyananyapura, Bengaluru. 560097

Email: usiconreg2018@gmail.com | **Ph:** 9591732274 | 09845671462