



Converge and Connect

SUNAYANA 2007

65th Annual Meeting of the All India Ophthalmological Society
February 1-4, 2007, Hyderabad, India

Registration Number (for office use only)

Registration Form

Section 1. Personal Particulars

AIOS Membership Number _____ Senior Citizen (age >65) Yes No

Surname _____ Middle _____ First Name _____ Age _____

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

Title (tick) Dr Prof Mr Ms

Qualification (tick) MD MS DNB DO FRCS PhD MBBS Others

Affiliation _____
Name the Hospital/Laboratory/University/Company, City

Mailing Address _____

City _____ Pin Code _____

State _____ Country _____

Telephone _____ Mobile _____
(country code – city code – number) (number)

Fax _____
(country code – city code – number)

e-mail address _____

Section 2. Registration

Registration Category

Tick as applicable

- AIOS Member
 Non member
 Resident
 Guest Delegate
 Trade Delegate

 Early Bird Registration
 Advance Registration
 Late Registration

 Vegetarian
 Non-vegetarian

	Early Bird Registration September 1 to October 31	Advance Registration November 1 to December 31	Late and Onsite Registration After January 1 and onsite
AIOS Member	Rs. 2100	Rs. 2520	Rs. 3150
Non Member	Rs. 3150	Rs. 3780	Rs. 4725
Resident	Rs. 1575	Rs. 1890	Rs. 2360
Guest Delegate	Rs. 1575	Rs. 1890	Rs. 2360
Trade Delegate	Rs. 3150	Rs. 3780	Rs. 4725

Details of Special Status (if applicable)

Delegate In Training

- Student Resident Fellow Enclosed a letter from the Principal/HOD

Guest Delegate

I am registering as a Guest of the following registered delegate

Surname

Middle

First Name

Section 3. Hotel Reservation

Date of check-in _____ Jan/Feb, 2007 Single Room Air-conditioned Room

Date of check-out _____ Feb, 2007 Double Room Non Air-conditioned Room

Number of nights _____

Tick	Category	Type	Tariff Range	Initial Deposit	Preferred rate within the Tariff range
	A	Conference Hotel	Rs. 12000	Rs. 12000	
	B	Five Star	Rs. 7500 to Rs. 15000	Rs. 15000	
	C	Four Star	Rs. 5000 to Rs. 7500	Rs. 7500	
	D	Three Star	Rs. 3500 to Rs. 5000	Rs. 5000	
	E	Deluxe	Rs. 2500 to Rs. 3500	Rs. 3500	
	F	Standard	Rs. 1500 to Rs. 2500	Rs. 2500	
	G	Economy	Rs. 700 to Rs. 1500	Rs. 1500	
	H	Budget	Less than Rs. 700	Rs. 700	



Section 4. Personal Conveyance Package

Tick	Car	Tariff
	AC Indica	Rs. 5800
	Non AC Indica	Rs. 4200

Special request: _____

Section 5. Tours

Tick	Tour Category	Tour Description	Tour Date	No of Adults	No of Children	Amount
	A	City Sampler				
	B	Ramoji Film City				
	C	Ramoji Film City Overnight Stay				
	D	Enchanting Evening				
	E	Enchanting Evening with Chowki Dinner				
	F	Nagarjuna Sagar				
	G	The God's Abode: Tirupati Tirumala				
	H	Srisailam				
Total amount payable for tour reservation						

Section 6. Payment

Section 2: Registration Rs. _____

Section 3: Hotel Reservation Advance Rs. _____

Section 4: Personal Conveyance Rs. _____

Section 5: Tour Reservation Rs. _____

Total Payment Rs. _____

International Delegates should pay in US dollars.
Conversion: 1 US \$ = Rs.45

Bank Draft payable at Hyderabad in favour of '65th AIOC 2007' enclosed for total

Rs. _____ Bank _____ Number _____ Dated _____

Signature





Section 7. Office Use

Registration Number

- Section 1 Verified, Clarifications if any _____
- Section 2 Verified, Clarifications if any _____
- Section 3 Verified, Clarifications if any _____
- Section 4 Verified, Clarifications if any _____
- Section 5 Verified, Clarifications if any _____
- Section 6 Verified, Clarifications if any _____
- Payment Deposited Deposited on _____
- Payment Realized Realized on _____
- Payment Complete Comments _____
- Payment Due _____
- Receipt Sent Date _____

Receipt Number _____

- Registration Forwarded to Chairman, Registration Date _____
- Hotel Reservation Forwarded to Full Moon Travels Date _____
- Hotel _____
- Hotel Reservation Confirmed by Full Moon Travels, Date _____
- Personal Conveyance Package Forwarded to Royal Travels, Date _____
- Personal Conveyance Package confirmed by Royal Travels, Date _____
- Tour Reservation Forwarded to Chairman, Tours Date _____

Any other comments _____

Please download from the website or photocopy this form if additional copies are required.

Please mail the completed form to

Dr Pradeep Swarup, Organizing Secretary, Sunayana 2007

Swarup Eye Centre, 145, Dwarakapuri Colony, Panjagutta, Hyderabad 500082

