

REGISTRATION FORM



“MIDTERM VRSI RISHI –II” 16th – 17th June 2017

First Name: Surname

Address:

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City: Pin: State:.....

Tel: Mobile: E-mail:

Accompanying Person (Spouse if registering) Name

Member:..... Non-Member:..... Resident: Associate:

VRSI Membership No. (if applicable)

Registration Fees

VRSI Member	Non-member	Associate/Residents
2500.00	3000.00	1500.00

Note: Registration is open on first come first serve basis for 200 delegates only.

Payment:

Enclosed Draft/Cheque No. Dated

Amount Drawn on:

The crossed Demand Draft/at par Cheque should be in favour of “MIDTERM VRSI – 2017” payable at, Palampur Himachal Pradesh. PG Student Registration form has to be accompanied by a forwarding letter from the HOD or counter signed by the HOD. Please post the completed form with DD/Cheque to the following address.

MIDTERM VRSI - 2017
Rotary Eye Hospital, Maranda
Tehsil: Palampur
Distt. Kangra – (HP)
PIN: 176102

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(Signature of Delegate)