



ANNUAL CONFERENCE OF THE INTRAOCULAR
IMPLANT & REFRACTIVE SOCIETY, INDIA

REGISTRATION FORM

PLEASE WRITE CLEARLY IN CAPITAL LETTERS ONLY



Hotel Le Meridien, New Delhi
August 29th & 30th, 2009

Name _____

IIRSI : Member / Non-Member / Membership No. _____ Nationality _____

Address _____

(City) _____ (Pincode) _____ (Country) _____

Tel : (Country, area code, number) Work: _____ Home _____

Mobile No.: _____ E.mail : _____

Passport No. _____ Valid until (D,M,Y) _____
(Not applicable for Indian citizens)

Accompanying person (s) :

Name _____

Nationality _____ Passport No. _____ Valid until (D,M,Y) _____
(Not applicable for Indian citizens)

Registration Fee Details :

Enclosed At Par Cheque / Demand Draft No. _____ Dated _____ for Rs. _____

For Rupees (In Words) _____

Drawn on (Name of Bank) _____

Favouring "INTRA OCULAR IMPLANT & REFRACTIVE SOCIETY INDIA" payable at New Delhi

Send to

Conference Secretariat

Organizing Secretaries

Dr Charu Khurana

Dr Vikas Menon

Centre for Sight

B-5 /24 Safdarjung Enclave
New Delhi 110029 India

For Accommodation & Tours, Please Contact

SUMMIT - Alpcord Network

422/423, Somdutt Chamber-1, Bhikaji Cama Place,
New Delhi - 110066, India. Phone: +91-11-26165026, 41658517, 41658917
E-mails : summit@alpcord.net , event.alpcord@gmail.com
Website : www.alpcord.com

Special tariffs & discounts for Delegates at Hotel Le Meridien
are arranged. For further information please contact our
official Travel agent

FOR OFFICE USE :

REGISTRATION NO :

RECEIPT NO :

REGISTRATION
SPONSORED BY



AN ISO 9001 : 2000 COMPANY
www.eyepharma.in