



XXVIth Annual Conference of The Bombay Ophthalmologists' Association

Registration Form, BOA FOCUS 2018, 24th - 26th August 2018

Name : _____
(Surname) (Name) (Middle Name)

BOA Membership No. : _____ Mobile No. : _____

Address : _____

Tel. Clinic : _____ Tel. Residence.: _____

E-mail : _____ MMC Registration No. _____

Banquet charges: Rs 1000 (optional), Non-members & Spouses: Rs 500 in addition to as mentioned below:

From 1st Sept 2017 to 31st July 2018	Members & Resident Doctors Rs. 2,500
From 1st August 2018 onwards	Rs. 3500
Spot Registration	Rs. 4500

Includes GST

Cheque No. / DD No. _____ Amount : INR _____

Bank details: _____ Date: _____

Sign _____

I Am Not Doing Cashless

(Kindly Use one form per person, Those Members Registering their spouse are Requested to fill Separate form for spouse)

(Members Paying cash for Registration are Requested to insist for receipt of Payment at the time of Payment.)

Resident doctors sending registration fees should also send a letter / certificate from
respective Head of Dept. endorsing their residency.

Cheque Favoring BOA FOCUS 2018

Send to Dr. Saumil Sheth

Envision Eye Hospital, Sharma Estate, S. V. Rd,

Next to Mina Interstation Hotel, and Rly Stn, Jogeshwari (W), Mumbai- 400 102

Tel : 022 2677 3517 Email : saumil_sheth@hotmail.com

Filled forms can also be submitted by snapshot at whatsapp no: 8779678354 along with the UTR no. or transaction ID of the amount that is credited by netbanking /RTGS/ NEFT to:

Bank: Syndicate Bank, Branch name: Marol, Mumbai

IFSC Code: SYNB0005032, A/c BOA FOCUS 2018, A/c No. 50322010111915

