



ACOIN-BAPOS Indo-Bangladesh Friendship CME
1st International CME of ACOIN 2014-15
15th to 19th May 2015



Organised by Association of Community Ophthalmologists of India and
 Bangladesh Association of Paediatric Ophthalmology & Strabismus

ACOIN Secretariat Address:

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Registration Form

Please fill in block capital

Delegate Particulars: Please tick			Member			Non Member
Name of the Delegate	Age	Sex	Passport No.	Date of Issue	Place of Issue	Valid till
Name of accompanying Spouse and Children						
1.						
2.						
3.						
4.						

Attachment detail of the delegate -----

Communicating address of the delegate -----

Mobile No. (Mandatory) -----

E-Mail (Mandatory) -----

Payment details:

Total number of participants	
Total amount of payment for Registration in INR	
Cheque / Draft No. Date & Bank	
Payment detail if paid through net banking / NEFT (UTR No.)	
Cheque or Draft to be drawn in favour of "ACOIN CME FUND"	

Declaration with undertaking:

I do agree on the terms and conditions of this ACOIN-BAPOS Indo-Bangladesh Friendship CME being it fully aware of the fact that the Registration Fee is Non Refundable.

 Signature in full with date