

**Registration form**  
*(Please fill in CAPITAL Letters)*

Name: \_\_\_\_\_ Age: \_\_\_\_ Sex: M  F

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Pin: \_\_\_\_\_

E-mail: \_\_\_\_\_

Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_

Institutional affiliation: \_\_\_\_\_

**Please tick  the appropriate box**

Member  Non Member  If Member, OPAI Membership No

PG / Fellow  Spouse /Guest  Trade

Diet Preference: Veg  Non Veg

I am paying an amount of Rs. \_\_\_\_\_ / (Rupees \_\_\_\_\_  
only) and enclosing Bank Demand Draft No. \_\_\_\_\_ dated \_\_\_\_\_  
towards Conference registration drawn on \_\_\_\_\_  
\_\_\_\_\_ (Bank)

\_\_\_\_\_  
*Signature of the Delegate*

\_\_\_\_\_  
*Signature of the HOD (For PGs / Fellows)*

**Please submit the filled in form to:**

Dr. Usha Kim

Organizing Secretary – OPAI 2017

Aravind Eye Hospital

No. 1, Anna Nagar, Madurai – 625020

Phone : 0452-4356100

Email : [usha@aravind.org](mailto:usha@aravind.org); [opai2017@aravind.org](mailto:opai2017@aravind.org)

Website : <http://www.aurovikas.co.in/opai/home.aspx>