



58<sup>th</sup> Annual Conference of  
U.P. STATE OPHTHALMOLOGICAL SOCIETY

**UPC N 2024**

29th, 30th November & 1st December 2024, LLRM Medical College, Meerut

ORGANIZED BY:

LLRM & Meerut Ophthalmological society



# REGISTRATION FORM

Title (Mr. Ms. Mrs. Dr. Prof.) ..... First Name .....

Middle Name ..... Last Name .....

Membership No. ....Age..... Gender.....

Registration Category .....

E-Mail ID .....

Designation .....

Hospital/Institute .....

Home Address .....

PIN Code ..... Mobile No. ....

Workshops  -----  -----  -----

### Accompanying Persons

Title: Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/>	Age	Male	Female	Veg.	Non-Veg
Name .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Terms & Conditions

- \*Senior Surgeons' Date of Birth Proof is required
- All PG students must attach a letter/certificate by the HOD.
- Registration fee is inclusive of 18% GST.
- Registration fee includes access to scientific sessions, trade exhibitions, conference lunches, Conference kits, and dinners.
- Registration fee for accompanying person includes access to scientific sessions, trade exhibitions, conference lunches, and dinners.

### Cancellation & Refund Policy

- 100% refund - the congress secretariat must receive a notification of cancellation in writing at least one month before the event.
- The refund will be processed after deducting the taxes.
- No refund - 100% cancellation fee will be charged for any cancellations made within 30 days before the event date.

All cancellations and requests for refund must be in writing to the conference secretariat at [upcon2024meerut@gmail.com](mailto:upcon2024meerut@gmail.com)

### Account Details

- |   |                                  |
|---|----------------------------------|
| • <b>Beneficiary Name</b> -U P State Ophthalmological Society | • <b>IFSC Code</b> -IDIB000N612  |
| • <b>Name of the Bank</b> -Indian Bank                        | • <b>MICR Code</b> -110019149    |
| • <b>Bank A/C Number</b> -20229941520                         | • <b>Pan No</b> -AAATU7074J      |
| • <b>Branch Address</b> - Sector- 31 Nithari Noida            | • <b>GST NO</b> -09AAATU7074J1ZY |

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