



PRISM 2012

Registration Form

Name: _____

Sex: Male / Female

Designation: _____

Hospital / Institution: _____

Address for Communication: _____

City: _____ Phone: _____

E-mail: _____

Amount: Rs. 700 Rs. 1100

Draft/Cheque No: _____ Dated: _____

Bank Name: _____

(Cheque or Demand Draft should drawn in favor of LAICO payable at Madurai)

Signature of the Participant with Date



PRISM 2012

For group registration

Institution: _____

Number of persons* : _____

***(Kindly attach the list of participants and their email ID along with the registration form)**

Address for communication: _____

City: _____ Phone: _____

Amount: _____

Draft/Cheque No: _____ Dated: _____

Bank Name: _____

(Cheque or Demand Draft should drawn in favor of LAICO payable at Madurai)



PRISM 2012

Registration Information

ADVANCE REGISTRATION :(1st Jan` 2012 – 29th Feb`2012)

Delegates : Rs.1100/- per delegate

Students : Rs.700/- per student

SPOT/LATE REGISTRATION: (March 1st 2012 onward)

Delegates : Rs.1300/- per delegate

Students : Rs.850/- per student

Contact Us

Mr. Sanil Joseph

Organizing Secretary - PRISM 2012

LAICO- Aravind Eye Hospital

72, Kurivikaran Salai, Gandhi Nagar,

Madurai – 625 020

Email: prism2012@aravind.org

Mobile: +919894279089, +918144048673

Phone: 0452 – 4356500