

63rd Annual Conference of Association of Otolaryngologists of India

Hosted by: Association of Otolaryngologists of India, Tamil Nadu

6 - 9 JAN, 2011

Registration Form

AOI Membership No _____ LM / OM / Non member

Name : _____

Address : _____

City : _____ Pin Code : _____

State : _____ Country : _____

E-mail (Mandatory) : _____

Mobile No : _____

Telephone No. : _____ Fax : _____



Accompanying Persons

1) _____

2) _____

Payment Details

Registration Fee	Amount
AOI Member / Non AOI Member	
Postgraduate Student	
Accompanying Person / Spouse	
Total Rs.	

Registration Fee Remittance

Demand Draft No:..... Dated Amount

Name of the Bank Place

Bonafide Certificate (For Postgraduate students only)

This is to certify that Dr..... is a bonafide Postgraduate student of this institution in the department of ENT.

Signature of HOD of ENT

For Office Use Only

Regn No: _____

❖ Postgraduate students must enclose a Bonafide Certificate issued by HOD / Institution

❖ Please send Demand Draft in favour of "63rd AOICON2011" payable at Chennai to the Conference secretariat.