

# 5<sup>TH</sup> INTERNATIONAL CONGRESS ON GLAUCOMA SURGERY ICGS

LE MERIDIEN - NEW DELHI, INDIA

NOVEMBER 11 - 13, 2010

## REGISTRATION AND ACCOMMODATION FORM

Please complete this form using block letters and return it to:

OIC srl, Viale Matteotti 7, 50121 Florence, Italy

**not later than 29 October, 2010**

Tel. + 39 055 50351 - Fax + 39 055 5035230

E-mail: [registraticgs2010@oic.it](mailto:registraticgs2010@oic.it)

This form is also available on the web site: [www.oic.it/icgs2010](http://www.oic.it/icgs2010)

### 1. PARTICIPANT DATA

Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Institution \_\_\_\_\_

Home address \_\_\_\_\_

Zip code \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Tel. \_\_\_\_\_ Fax \_\_\_\_\_

E-mail\* \_\_\_\_\_

\*(mandatory)

### 2. FEES

REGISTRATION FEES <small>(tax included, if applicable)</small>	Before September 30 <sup>th</sup> , 2010	From October 1 <sup>st</sup> to October 29 <sup>th</sup> , 2010	On site
Indian Delegates	INR 4000	INR 6500	INR 8000
Indian Residents*, Fellows*	INR 2500	INR 4000	INR 6000
Exhibitors	INR 6350	INR 6900	INR 7500
Gala Dinner for Indian Delegates, Residents and Fellows	INR 4000	INR 4500	INR 5000
Welcome Reception and Gala Dinner for Indian Accompanying persons	INR 6000	INR 6500	INR 7000
Gala dinner for Exhibitors	INR 5200	INR 5750	INR 6350

\* Application for the resident/fellow fee should be certified by a letter from the head of the department, stating that the applicant is an ophthalmology resident/fellow at the time of registration, within 14 days of registration. Otherwise the regular fee will be applicable. The letter is to be sent to the Organising Secretariat OIC - fax +39 055 5035230 or e-mail [registraticgs2010@oic.it](mailto:registraticgs2010@oic.it).

Registration fee includes:

- Access to selected courses (not included in Exhibitors' fees) and scientific sessions
- Access to the technical exhibition
- Congress kit including certificate of attendance (not included in Exhibitors' fees) and name badge
- Final programme and abstract book
- Working lunches and coffee breaks
- Welcome reception
- Gala Dinner (not included in Exhibitors', Indian Delegates and Residents/Fellows' fees)

### 3. INSTRUCTION COURSES

Registrations in the Instruction Courses are free of charge for participants registered in the Congress. As the number of seats is limited, requests of participation will be accepted on the "first come first served" basis. Participants may sign up also at the Congress Registration Desk. Anyway, in order to assist us with planning and to secure your seat, please indicate which courses you may be interested in attending:

#### Friday, 12<sup>th</sup> November

##### BASIC COURSES

- Gonioscopy (9.00-10.00)
- Trab for beginners (10.30-11.30)
- The everyday tube (11.30-12.30)
- Evaluating Paediatric glaucoma (14.00-15.00)
- Step by step NPGS (16.00-17.00)

#### Friday, 12<sup>th</sup> November

##### ADVANCED COURSES

- Designing a glaucoma surgical trial (9.00-10.00)
- ExPress solutions (10.30-11.30)
- Trabeculectomy for the challenging cases (11.30-12.30)
- NPGS: the art of non-penetrating (14.00-15.00)
- Tubes: the heroes surgery (16.00-17.00)

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Saturday, 13<sup>th</sup> November

## BASIC COURSES

- Anterior segment imaging and glaucoma (9.00-10.00)
- Anesthesia for glaucoma surgery (10.30-11.30)
- Study design: how to get published (11.30-12.30)
- How to deal with complications: tough luck (14.00-15.00)
- Wound healing: practical considerations (16.00-17.00)

Saturday, 13<sup>th</sup> November

## ADVANCED COURSES

- Managing normal pressure glaucoma (9.00-10.00)
- Combined surgery: doing it at the same time (10.30-11.30)
- The failed filter (11.30-12.30)
- Surgery for the new technology: Doing it right (14.00-15.00)
- Paediatric glaucoma: our combined experience (16.00-17.00)



## 4. SOCIAL PROGRAMME

Please note: due to limitations of space, even the events included in the registration fee must be reserved in advance. Tickets will be assigned on a first-come first-served basis.

### EVENTS

**Welcome Reception**, Thursday 11 November 2010 - Included in the registration fee

- I will attend       I will not attend

**Gala Dinner**, Friday 12 November 2010 - not Included in the registration fee

- I will attend       I will not attend

## 5. HOTEL ACCOMMODATION

In case of hotel accommodation request, please complete this form and return it to the Organizing Secretariat O.I.C. Srl **not later than 29 October 2010**

N° \_\_\_\_ double room/s for single use

N° \_\_\_\_ double room/s

Arrival date November \_\_\_\_, 2010

Departure date November \_\_\_\_, 2010

	Price per night	Nr. nights	TOTAL
<b>HOTEL LE MERIDIEN NEW DELHI - Congress Venue (Cat. 5*)</b>			
<input type="checkbox"/> double for single use Superior      INR 16873	INR _____	_____	INR _____
<input type="checkbox"/> double Superior      INR 17073	INR _____	_____	INR _____
<b>HOTEL RAMADA PLAZA (Cat. 4* Superior) - 500 mt from the Congress Venue</b>			
<input type="checkbox"/> double for single use/double      INR 11320	INR _____	_____	INR _____
<b>HOTEL IMPERIAL (Cat. 5*) - 550 mt from the Congress Venue</b>			
<input type="checkbox"/> double for single use Imperial      INR 18367	INR _____	_____	INR _____
<input type="checkbox"/> double Imperial      INR 20162	INR _____	_____	INR _____

(The indicated rates are per room and include overnight stay, breakfast, service and local taxes.)

**Booking fee**

INR **1175**

**TOTAL**

INR \_\_\_\_\_

## 6. SIGHTSEEING AND POST CONGRESS TOURS

	Price per person	Nr.of persons	TOTAL
<input type="checkbox"/> <b>Tour A.</b> Old Delhi - Thursday, 11 <sup>th</sup> November	INR 3000	x N° ____	INR _____
<input type="checkbox"/> <b>Tour B.</b> New Delhi - Friday, 12 <sup>th</sup> November	INR 3800	x N° ____	INR _____
<input type="checkbox"/> <b>Tour C.</b> Qutb minar & Bahai house of Worship - Saturday, 13 <sup>th</sup> November	INR 3000	x N° ____	INR _____
<input type="checkbox"/> <b>Tour D.</b> Delhi - Friday, 12 <sup>th</sup> November	INR 4600	x N° ____	INR _____
<input type="checkbox"/> <b>Tour E.</b> Agra - Saturday, 13 <sup>th</sup> November	INR 8400	x N° ____	INR _____
<input type="checkbox"/> <b>Post Congress Tour A. Golden triangle</b>	INR 46300	x N° ____	INR _____
<input type="checkbox"/> <b>Post Congress Tour B. Royal Rajasthan</b>	INR 91100	x N° ____	INR _____

## 7. SUMMARY

I herewith enclose the following amounts:

Registration Fee

INR \_\_\_\_\_

Social programme for accompanying persons

INR \_\_\_\_\_

Gala Dinner for Exhibitors

INR \_\_\_\_\_

Hotel accommodation (including € 20,00 booking fee)

INR \_\_\_\_\_

Sightseeing and post congress tours

INR \_\_\_\_\_

**TOTAL TO BE PAID INR** \_\_\_\_\_



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**8. PAYMENT BY**

Demand Draft/cheque

The demand draft has to be issued in favour of "Swagatam Tours Private Limited" and deposited at any Axis Bank branch in India as per below account details and the registration form along with photocopy of cheque/ draft to be sent by courier or e-mail to Swagatam Tours Private Limited, New Dehli (Address below).

Credit card       VISA       MASTERCARD

Card No. \_\_\_\_\_ Exp. date \_\_\_\_\_

Security code (last 3 digits on the back of the card) \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

**FOR CREDIT CARD PAYMENTS**

Enclosed format of the same as "call issuer format", in this case we require this form to be filled by the card holder and send scanned copy by e-mail (registraticgs2010@oic.it) or fax (+39 055 5035230) of the same along with copy of front & back side of credit card, passport copy to process the payment.

**NOTE: ONLINE PAYMENT WITH CREDIT CARD IS NOT POSSIBLE IN THIS ACCOUNT**

Swift /Bank transfer to:

AXIS BANK LTD.

F-43 KIRTI NAGAR

NEW DELHI-110015

Swift Code

AXISINBB250

Ultimate beneficiary

Account No. – 909020041442034

Name:

Swagatam Tours Private Limited

Address:

203-Swagatam Chamber, 23-A, Shivaji Marg, Najafgarh Road

Moti Nagar, New Delhi-110015

E-mail: sales@swagatamtour.com

Phones: 01125444000 till 25444009

No charges to the recipient. A copy of the bank transaction has to be sent together with the registration and hotel accommodation form to OIC Srl by fax or e-mail.

The sender's full name and address must be clearly stated in the transfer order as well as the payment purposes.

Please head invoice to \_\_\_\_\_

Address \_\_\_\_\_

Fiscal / VAT code (for Company/Travel Agency) \_\_\_\_\_

Please send me a copy of the invoice:       by e-mail as a PDF file      or       hard copy to my postal address

**ATTENTION:**

***Registrations and hotel accommodation booking can be considered valid only after having received the payment.  
Forms without proof of payment will not be processed.***

**DECLARATION** - Your signature is mandatory in order to process your registration and hotel booking!

According to art. 13/Law 196/2003, OIC srl and OIC Way srl are authorised to use my personal data for purposes connected to the Congress management.

*I also confirm that I have understood the cancellation, payment and refund conditions for individual registration  
and hotel booking specified in the congress website.*

Date \_\_\_\_\_

Signature \_\_\_\_\_



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**-: CALL ISSUER AUTHORISATION: -**

The following details of the cardholder have to be obtained by merchant to take authorization from the call center in Card Not Present scenario.

**International Cards**

1. Card Number	
2. Expiry Date	
3. CVV 2/CVC 2	
4. Cardholder Name	
5. Bin Number (not mandatory)	
6. Bank Name	
7. Date Of Birth	
8. Mother Maiden Name (MMN)	
9. Billing Address with Postal Code	
10. Residence Telephone Number	
11. SSN (Social Security Number) Number (not mandatory)	
12. Passport Number/ Driving License Number	
13. Amount in INR.	INR
14. Amount in words	INR

**Note: Please fax a photocopy of your Credit Card (front and back),  
and a photocopy of the card holder's Passport  
to Fax +39 055 5035230 along with this form**

In lieu of my credit card imprint, I \_\_\_\_\_, hereby authorize Swagatam Tours Pvt. Ltd to charge my above Credit Card for the amount shown above. By signing below, I acknowledge the charges described above. I understand that the above amount is subject to cancellation policies, which have been understood by me and undertake not to take a charge back for the above amount.

Card Holder's Signature \_\_\_\_\_

Date \_\_\_\_\_