

AOI – 5th SOUTH ZONE & 13th TNCON '09

9 - 11 October 2009, Chennai

Scientific Presentation Registration Form

AOI State Life Membership No. _____ Branch _____

To

Dr. Jacinth Cornelius

Organizing Secretary

Name of the participant:

Name of the State :

Address :

Email (mandatory) :

Name of the Institution / Hospital :

Present Status : Consultant / Post Graduate

Category : Practising ENT Surgeons' Prize Paper / PG Prize Paper /

Free Paper / Video Presentation / Poster Presentation /

Innovations in ENT

Title of the Paper :

Declaration: I do hereby declare that

- ❖ I have registered for the conference
- ❖ I am working presently at an institution/hospital in the region of SOUTH ZONE
- ❖ I do understand that my scientific paper will be allowed for the respective session only after the scrutiny and approval of scientific committee.
- ❖ I have no objection for publishing or video screening of the scientific matter/
material submitted/presented during conference
- ❖ I agree and abide by all rules and regulations laid down by the Scientific Committee of South Zone AOI & TN AOI 2009

Signature

Name:

Date:

For Office Use Only

Conf. Regn No: _____

Use separate forms for each competition. Photostat copy of the above form can be used.

Confirm participation before 31st August 2009

Only AOI members will be permitted to participate.