

**Orbital Gala**  
**The Orbit Course for**  
**Maxillofacial Surgeons, 2020 - 21**

L V Prasad Eye Institute, Hyderabad, India

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Name : .....

I am a :  Practicing Maxillofacial surgeon

Post graduate in maxillofacial surgery

Hospital Name: .....

Address: .....

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State : .....

Email ID : .....

Mobile No : .....

I would like to register for: the

Orbital Gala course (Aug 6-8, 2020)

I agree to pay the registration amount of 10,000 INR (NEFT only).

Authorizing signature: .....

**Bank Details for NEFT:**

Account Name : HYDERABAD EYE INSTITUTE

Account Number : 0132030002300

Bank Name : IDBI Bank

Bank Branch : Road 2, Banjara Hills, Hyderabad

IFSC/RTSG Code : IBKL0000028

Account Type : Saving

Send the scanned PDF/photo image of this registration form to  
[milind@lvpei.org](mailto:milind@lvpei.org) For any queries, call +918897876245