

## Accommodation

Date:

Name of the Delegate :  
(IN BLOCK LETTERS)

Address :

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Tele No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

E-mail : \_\_\_\_\_

Name of the Hotel : 1) \_\_\_\_\_  
(In order of preference) : 2) \_\_\_\_\_  
: 3) \_\_\_\_\_

Room Preference :  A/c  Non A/c  
:  Single  Double  Suite

Check-in time : \_\_\_\_\_

Date:  
Place:

Signature

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One day rent in advance to be sent by DD in favor of "AOI-KSCON-2008" payable at Davanagere

**Send to : Conference Secretariat  
Dr. A. M. Shivakumar**

Professor & Head, Department Of Otorhinolaryngology  
S. S. Institute Of Medical Science & Research Centre  
NH - 4 Bypass Road, DAVANGERE - 577 005.  
Phone:08192 -266 012, 266145/ 09448277727  
E-mail : [drams\\_ent@yahoo.co.in](mailto:drams_ent@yahoo.co.in)

**Note:** Please **DO NOT** club together Registration Fees and Accommodation charges.  
**Send separate DD for Registration and Accommodation.**

For Accommodation, Tour and Travel <b>Contact: Dr. U P Santosh,</b> Chairman, Accommodation Committee Cell: 09845155223, E-mail: <a href="mailto:dent@aol.in">dent@aol.in</a>
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