



AOMSI

Association of Oral and Maxillofacial Surgeons of India

APPLICATION FOR BIDDING ANNUAL CONFERENCE / CONVENTION

Please go through the guidelines before submitting the form

| | | |
|-----|--|--|
| 1. | Name of the State Chapter Bidding for Event | |
| 2. | Name of the place where Conference will be Conducted | |
| 3. | Number of Members in the State Chapter | |
| 4. | Name of the Organizing Chairman | |
| 5. | Name of the Organizing Secretary | |
| 6. | Name of the Treasurer | |
| 7. | Name of the Scientific Chairman | |
| 8. | Is the Conference to be held at Institutional? If so details of the same | |
| 9. | Is the Conference to be held at Building or Commercial area? If so details of the same | |
| 10. | Do you have man-power to meet the needs of the conference? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. | Adequate Accommodation available to near the Venue | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. | What are the Transport Facilities available to reach the Venue | <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Airline |
| 13. | Distance from the Venue to Airport | |
| 14. | Areas of Tourist importance in the surroundings | 1. 2. 3. 4. 5. |



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| | | |
|-----|--|---|
| 15. | Availability of auditorium & additional halls for Scientific session | Main hall sitting capacity : _____ Other hall sitting capacity : Hall A) _____ Hall B) _____ Hall C) _____ Hall D) _____ Hall E) _____ |
| 16. | Boardroom facility available | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. | Indoor space available for trade & exhibition | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. | Anything additional information to be conveyed to HO | |



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19. Proposed Registration Slab

| Category | Early Bird Upto April 30 th | Slab 1 May 1 st – July 31 st | Slab 2 August 1 st to October 31 st | Spot Registration November 1 st Onwards |
|----------------|---|--|---|--|
| Delegate | | | | |
| Post Graduates | | | | |

20. Income breakup

| | |
|--------------------------------|--|
| Delegate Fees Collection (650) | |
| PG Fees Collection (700) | |
| Trade Exhibitors | |
| Sponsorship | |
| Any Other | |

21. List of Proposed Trade Exhibitors

| | |
|-----|--|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |



22. Expenses Breakup

| Item Breakup | Budget as on / / |
|------------------------|-----------------------------|
| Venue | |
| Catering | |
| Bag + Kit | |
| Stage + AV | |
| Accommodation | |
| Liquor | |
| Print + Promo | |
| Travel | |
| Entertainment | |
| Speakers + Guest | |
| Mementos | |
| Souvenir | |
| Secretariat & Manpower | |
| Misc | |
| Transport | |
| IT | |
| Fabrication | |
| Security | |
| Licensing | |
| Others | |

23. Proposed Sum of amount assured for Head Office : _____



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24. Scientific Program Skeleton

| | | |
|--------------|--------------|--------------|
| | | |
| DAY 1 | DAY 2 | DAY 3 |



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25. Proposed Speakers

| International Speakers Name / Country | National Senior Speakers Name / Area of expertise | National Young Speakers Name / Area of expertise |
|--|--|---|
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We, Dr..... Organising Chairman,

Dr..... Organising Secretary,

Dr..... Treasurer and

Dr.....Scientific Chairman on behalf

ofState Chapter accept the responsibility to conduct the

_____ (event Name) _____ of AOMSI at.

.....(place),

As per Constitution of AOMSI and we will be responsible for safe conduct of the Conference. Accounts of the Conference will be submitted within Three months of completion of the Conference.

Place: Name & Signature of Organising Chairman.....

Date: Name & Signature of Organising Secretary.....

Date: Name & Signature of Treasurer.....

Date: Name & Signature of Scientific Chairman.....

ENDORSEMENT BY STATE CHAPTER

Name & Signature of State Chapter President

Seal

Name & Signature of State Chapter Secretary



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LETTER OF AGREEMENT

Date:

Place:

To
The Hon. Secretary
AOMSI

Sir,

1. We (1). Dr..... AOMSI No..... Organising Chairman,

(2). Dr.....AOMSI No Organising Secretary,

(3). Dr.....AOMSI No Treasurer and

(4). Dr.....AOMSI No Scientific Chairman of

Pledge and confirm that we will pay Rs. _____ or _____% of the Total Conference income (gross) whichever is higher to AOMSI National HO. We stand to disciplinary action as decided by AOMSI HO if we fail to fulfill this commitment to AOMSI.

2. We the organizers of _____ agree to suggestions offered by President, Secretary and EC members of AOMSI regarding venue, facilities in and around, reception, transport, and dispatch of delegates, food and scientific proceeding at the Conference. We have read the protocols of conduct of the conference and know the requirements of the venue.

Signed onday of 2019 in presence of

Witness 1
(Name & Signature)

1. Organising Chairman
(Name & Signature)

Witness 2
(Name & Signature)

2. Organising Secretary
(Name & Signature)

Witness 1
(Name & Signature)

1. Treasurer
(Name & Signature)

Witness 2
(Name & Signature)

2. Scientific Chairman
(Name & Signature)