



# 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.	Applying for	National Conference ( ) MIDCOMS ( )
2.	Name of the State Chapter Bidding for Conference/MIDCOMS Venue	
3.	Name of the place where Conference will be Conducted	
4.	Number of Members in the State Chapter:	
5.	Name of the Organising Chairman (of the proposed Conference/MIDCOMS)	
6.	Name of the Organising Secretary (of the proposed conference):	
7.	Name of the Treasurer (of the proposed conference):	
8.	Name of the Scientific Chairman (of the proposed conference):	
9.	Is the Conference to be held at Institutional? If so details of the same	
10.	Is the Conference to be held at Building or Commercial area? If so details of the same	
11.	Do you have man-power to meet the needs of the Conference?	
12.	Adequate Accommodation available to near the Venue	
13.	What are the Transport Facilities available to reach the Venue	
14.	Distance from the Venue to Airport :	
15.	Proposes Sum of amount assured for Head office	
16.	Areas of Tourist importance in the surroundings	
17.	Entitlements of Delegates (Pickup, compliments, food etc	
18.	Availability of auditorium & additional halls for Scientific session	
19.	Is space available for trade & exhibition :	
20.	Anything additional information to be conveyed to HO	



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### Proposed Registration Slab

Category	Early Bird	Slab 1	Slab 2	Spot Registration
Delegate				
Post Graduates				

### Expenses breakup

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



# AOMSI

## Association of Oral and Maxillofacial Surgeons of India

We, Dr..... Organising Chairman,  
Dr..... Organising Secretary,  
Dr..... Treasurer and  
Dr.....Scientific Chairman on behalf  
of .....State 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



# AOMSI

## Association of Oral and Maxillofacial Surgeons of India

### 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 on .....day of ..... 2018 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)