

Pantheo Eye Center Annual Congress 2018

<i>Registration form</i>	
Last name	
First name	
Address	
Country	
Phone	
E mail	

Two day registration	þ150	
One day registration	þ100	
Medical students / nursing staff	free	
Gala dinner / per person	þ50	
Spouse / guest registration	þ50	
Total		

<i>Payment method</i>			
Check payable to: õPantheo Conference accountö	MasterCard <input type="checkbox"/>	Visa <input type="checkbox"/>	American express <input type="checkbox"/>
Card number:	3 digit security code:		Expiration date:
Card holders name as it appears on the card:			

Please send by:

Fax: +35725732266

email to conference@pantheo.com

Post: Pantheo Eye Centre, 18 Robert Kennedy Street, Limassol 3076, Cyprus

This form can be downloaded from our web site www.pantheo.com