





REGISTRATION FORM

	P	ERSONAL INFORMATION					
Na	me	:					
Su	rname	:					
E-N	Mail						
Pho	one	:					
	R	EGISTRATION PACKAGES					
	Two day	registration €200					
	One day	registration €150		Saturday 22/04		Sunday 23/04	
	Gala Din	ner p.p. €50		Number of persons			
	Spouse/	Guest Registration per day €50		Saturday 22/04		Sunday 23/04	
	Medical	Student Free		Saturday 22/04		Sunday 23/04	
	Nursing	Staff Free		Saturday 22/04		Sunday 23/04	
	Ophthali	mic Nurses' Course Free (limited	pla	ces)			
Гotal	Amount						
Paya	ble						
Payment : At the Registration Desk Method					Bank Transfer		
THERE ARE NO REFUNDS ON CONFERENCE REGISTRATION							
Please √ if you would like to receive notifications for future conferences.							
						Signature	_
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