



## Annual Congress Registration Form

Name:	
Surname:	
Email:	
Phone number:	

<input type="checkbox"/>	Two day registration - €250	Saturday	<input type="checkbox"/>	Sunday	<input type="checkbox"/>
<input type="checkbox"/>	One day registration - €150	Saturday	<input type="checkbox"/>	Sunday	<input type="checkbox"/>
<input type="checkbox"/>	Optometrists - €50 per day	Saturday	<input type="checkbox"/>	Sunday	<input type="checkbox"/>
<input type="checkbox"/>	Spouse/Guest registration - €50 per day	Saturday	<input type="checkbox"/>	Sunday	<input type="checkbox"/>
<input type="checkbox"/>	Nurses / Nurses Course - €50	Saturday	<input type="checkbox"/>	Sunday	<input type="checkbox"/>
<input type="checkbox"/>	Medical Student Registration - <i>FREE</i>	Saturday	<input type="checkbox"/>	Sunday	<input type="checkbox"/>

<input type="checkbox"/>	Gala Dinner sponsored by ALCON (One invitation per delegate - prebooked)		
<input type="checkbox"/>	Gala Dinner for Spouse/ Guest €50	Number of guests	<input type="text"/>

Total Amount Payable: €

Payment Method: Bank Transfer ☐ At the Registration Desk ☐

☐ Please ✓ if you would like to receive notifications for future conferences.

Please send completed form to [conference@pantheo.com](mailto:conference@pantheo.com)

Signature: