

## **Annual Congress Registration Form**

Nam	ne	:					
Surname		:					
E-Mail		:					
Phor	ne	:					
Two day registration €250							
	One da	y registration €150		Saturday		Sunday	
	Optometrists and Spouse/Guest Registration €50 per day		Guest	Saturday		Sunday	
	Medical	Medical Student Free		Saturday		Sunday	
	Nurses			Saturday		Sunday	
	Nurses Course €50						
	Gala Di	Gala Dinner sponsored by ALCON One invitation per delegate-only prebooked					
	Gala Di	ala Dinner for Spouse/ Guest €50 Number of guests					
	Total A	mount Payable					
	Payme	ayment Method Bank Transfer			At the Regist	At the Registration Desk	
Please √ if you would like to receive notifications for future conferences.							
						Cianatura	

Signature