

Paediatric Ophthalmology Seminar Registration Form 19-21- October 2012

Please complete the registration from below and return by **17 August 2012** via either:

Email paediatric.seminar@rch.org.au
Fax 03 9345 5595 or
Mail Paediatric Ophthalmology Seminar, Department of Ophthalmology
Flemington Road, PARKVILLE 3052

DELEGATE DETAILS

Name:

Address:

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Phone: Fax:

Email:

Registrar: Year 2 Year 3 Year 4 Fellow

Have you undertaken a Paediatric Ophthalmology rotation? Yes No

Have you attended the POS before? If so, when? Yes No

When do you intend to sit the clinical examinations?

SEMINAR DINNER (NB: Seminar Dinner is included in registration fee)

I will be attending the seminar dinner on Friday evening. Yes No

My partner will be attending the seminar dinner. Yes No

Special Dietary Requirements

PAYMENT

Registration fee: \$700.00 (incl. GST)

Cheque Payable to: The Royal Children's Hospital

Credit Card Bankcard Visa Mastercard Amex

Name on Card

Card Number Expiry Date

Amount \$.....

Signature