REGISTRATION FORM

LAST NAME:

FIRST NAME: TITLE:

ADDRESS:

CITY: COUNTRY:

TEL: FAX:

EMAIL:

Registration Fees

	Early Registration (Before March 17)	Late Registration (After March 17)
EURETINA Member†	€150	€200
Non-Member	€250	€300
Trainee Fellow and Resident Member*	€125	€175
Trainee Fellow and Resident Non-Member*†	€150	€200

†To become a member, please complete the membership application form at www.euretina.org
**Please supply a letter of verification for trainee registration*

Payment Summary

Registration Fee - Member (Membership Number:_____) _____

Registration Fee - Non Member _____

Registration Fee - Trainee _____

Primary Retinal Detachment Course: (€100, registered delegates only) _____

Uveitis Course: (€100, registered delegates only) _____

Instructional Courses: (€25 per course) _____

Please circle chosen course numbers and check carefully that you have not selected any courses scheduled at the same time.

Friday	01	02	03
Saturday	04	05	06
Sunday	07		

Total Amount Due: €_____

Payment method

3 Digit Security Code
(Printed on the reverse of card)

Visa ❐ MasterCard ❐

Card No. Exp.

Cardholder Name (PLEASE PRINT):

Cardholder Signature: Date:

Your credit card statement will show this payment to EURETINA.

Payment by bank draft in euro (drawn on an Irish bank) made payable to EURETINA will also be accepted.

YOUR REGISTRATION WILL NOT BE ACCEPTED WITHOUT PAYMENT

All cancellations will incur a 20% administration charge. Refunds of 80% will be allowed.

Please return completed form to EURETINA, Temple House, Temple Road, Blackrock, Co. Dublin, Ireland
Tel: +353 1 209 1100 Fax: 353 1 209 1112 Email: euretina@euretina.org