

REGISTRATION FORM

REG. NO.
FOR OFFICE USE ONLY

LAST NAME: _____

FIRST NAME: _____ TITLE: _____

ADDRESS: _____

CITY: _____ COUNTRY: _____

TEL: _____ FAX: _____

EMAIL: _____

REGISTRATION FEES

	Early Registration (Before 14 March)	Late Registration (After 14 March)
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EURETINA Member	€300	€350
Non-Member†	€400	€450
Trainee Fellow and Resident Member*	€175	€225
Trainee Fellow and Resident Non-Member*†	€200	€250

†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	04	05	06	07	
Saturday	08	09	10	11	12	13	14	15
Sunday	16	17	18	19				

Surgical Skills: (Nos 01–06 €100 per course; Nos 07–09 €50 per course)
Please circle chosen course numbers. _____

Friday	01	02	03	04			
Saturday	05	06	07	08	09		

Total Amount Due: € _____

PAYMENT METHOD

Visa MasterCard

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

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 1 210 0092 Fax: 353 1 209 1112 Email: registration@euretina.org