

Retina Australia National Congress 2015 Registration Form

Title _____ Surname _____ Given Name _____

Address: _____

_____ State _____ Postcode _____

Phone Number: _____

Email Address: _____

Registration: Please return completed form with full payment by Friday 9 October 2015. If electing to pay an EARLY BIRD* fee, full payment must be received prior to Friday 14 August 2015. All amounts are GST inclusive.

General Delegates: Please circle your choice below.

Welcome Function, Dinner & all sessions Saturday and Sunday

All inclusive package \$360.00

Early Bird: All inclusive package* \$250.00

Welcome Function - Friday 23 October from 6 to 8pm (Drinks not included) \$25.00

Saturday 24 October Day Session includes Morning/Afternoon Tea & Lunch \$130.00

Early Bird: Saturday 24 October Day session only * \$100.00

Congress Dinner - Saturday 24 October from 7 to 10.30pm (Drinks not included) \$75.00

Sunday 25 October Day Session includes Morning/Afternoon Tea & Lunch \$130.00

Early Bird: Sunday 25 October Day session only * \$100.00

Professional Delegates: Please circle your choice below.

Welcome Function, Dinner & all sessions Saturday and Sunday

All inclusive package \$460.00

Early Bird: All inclusive package* \$350.00

Welcome Function - Friday 23 October from 6 to 8pm (Drinks not included) \$25.00

Saturday 24 October Day Session includes Morning/Afternoon Tea & Lunch \$180.00

Early Bird: Saturday 24 October Day session only * \$150.00

Congress Dinner - Saturday 24 October from 7 to 10.30pm (Drinks not included) \$75.00

Sunday 25 October Day Session includes Morning/Afternoon Tea & Lunch \$180.00

Early Bird: Sunday 25 October Day session only * \$150.00

Name of Professional Affiliation: _____

Additional Guests: Partners or friends who are not registered delegates are welcome
Welcome Function - Friday 23 October from 6 to 8pm (Drinks not included) \$25.00

Name of additional person/s: _____

Congress Dinner - Saturday 24 October from 7 to 10.30pm (Drinks not included) \$75.00

Name of additional person/s: _____

Special Dietary Requirements: Please list for yourself and your guests.

Workshop Choice: Please tick your preferred option for Saturday 24 October

Technology for Vision Impaired

Strength, Balance and Positive Thinking

Scientific Round Table for Professionals

Congress documents are required in: Please tick your preferred option

Print

Electronic

Payment Instructions: Total Amount to be paid _____

Cheque – made out to Retina Australia (Vic) Inc.

Credit Card – Visa or MasterCard only

Card Number ____ / ____ / ____ / ____

Expiry ____ / ____ CSC (three numbers on reverse) _____

Name on Card _____

Signature _____

Bank Transfer – contact Retina Australia (Vic) Inc. for details

Send to: Retina Australia (Vic) Inc.

4th Floor Ross House 247-251 Flinders Lane Melbourne VIC 3000

Phone: +61 3 9650 5088

Email: support@retinavic.org.au