

Please complete this registration form and post to:

Orthoptic Association of Australia (VIC Branch)

Attention: Dr Suzane Vassallo
 Dept. of Clinical Vision Sciences, Division of Allied Health
 La Trobe University VIC 3086
 Tel: 03 9479 3611 Fax: 03 9479 3692

If registering with a friend, please complete a separate form for each registrant.

Name: _____

Address: _____

_____ Pcode _____

Tel.(H) _____ (W) _____

Mobile _____

Email _____

Special dietary requirements _____

Please note:

- You must be a current member of the OAA to register at member rate.
- **Numbers attending will be limited and accepted in the order received.**
- Speakers who attend beyond their own session must register for the meeting.
- Payment must accompany this form to secure your place.
- For catering purposes, please register before **9th July 2009.**
- A receipt will be issued for payments.
- An invoice will be issued for official orders

REGISTRATION

2009 OAA Optimed July Scientific Meeting

(cost incl. tea & coffee on arrival, two course lunch and wine tasting)

Member/Speaker **\$85.00**

Non Member **\$150.00**

Discount — register with a friend and each save — \$10.00
\$10 on your registration *Discount only applies when the two registrations are sent together or received on the same day.*

Name of friend you're registering with: _____

Student **\$40.00**
Discount does not apply to student registrations

Total:

TRANSPORT

Yes, I would like to take the complimentary bus to Immerse Winery, departing from East Melbourne at approximately 8am. *Please note places on the bus are limited, so register early to avoid disappointment*

Suggest another bus pick up location:

A second bus stop may be added depending on delegate preferences and if viable. Any additional bus stop (time & location) will be confirmed on our website and via e-mail prior to the event.

PAYMENT DETAILS

Cheque (or money order payable to ORTHOPTIC ASSOCIATION OF AUSTRALIA INC. VIC BRANCH)

Electronic Funds Transfer

BSB: 063 012

Account No: 1005 7178

Reference Code: JSM *Your Surname* (e.g. JSM Smith)

Please print online receipt, attach to registration form and mail to above address.