

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 (direct): 03 9479 3611 Fax: 03 9479 3692

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.**
- Payment must accompany this form to secure your place.
- A receipt will be issued for payments.
- An invoice will be issued for official orders.

Issue receipt/invoice to the following *(if other than registrant)*:

**REGISTRATION** *(cost incl. lunch and afternoon tea)*

- |  |                 |
|--|-----------------|
| <input type="checkbox"/> <b>Member</b>     | <b>\$65.00</b>  |
| <input type="checkbox"/> <b>Non Member</b> | <b>\$120.00</b> |

**Total:**

**PAYMENT DETAILS**

- Cheque** (or money order payable to ORTHOPTIC ASSOCIATION OF AUSTRALIA INC. VIC BRANCH)
- Electronic Funds Transfer**

**Account Name:** Orthoptic Association of Australia VIC Branch  
**BSB:** 063 012  
**Account No:** 1005 7178  
**Reference Code for subject line:** YOUR FULL NAME

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