

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

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.