

Please complete this registration form and post to:

**Orthoptic 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 OA to register at the 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 **Friday 1st July 2011**.
- A receipt will be issued for payments by request only.
- An invoice will be issued for official orders

**REGISTRATION**

**2011 Orthoptics Australia July Scientific Meeting**

*(cost incl. tea & coffee on arrival, two course lunch with a glass of wine, wine tasting and 10% discount at cellar door)*

- Member/Speaker** **\$98.00**
- Non Member** **\$150.00**
- Discount—register with a friend and each save \$10.00 on your registration.** **- \$10.00**  
Discount only applies when the two registrations are sent together or received on the same day  
**Name of friend you are registering with** \_\_\_\_\_
- Student** **\$75.00**  
Discount does not apply to students

**Total:**

**TRANSPORT**

*Please note places on the bus are limited, so register early to avoid disappointment*

**Yes, I would like to take the complimentary bus to Blagownie Winery from:**

- East Melbourne (Morrison Place; Royal Victorian Eye and Ear Hospital)
- Nunawading (McDonalds; Corner Springvale Road and Maroondah Hwy)

**PAYMENT DETAILS**

- Cheque** (or money order payable to ORTHOPTIC 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.