

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

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.
- 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

July Scientific Meeting

(cost incl. tea & coffee on arrival, and lunch)

- | | |
|--|----------------|
| <input type="checkbox"/> Member/Speaker | \$50.00 |
| <input type="checkbox"/> Non Member | \$90.00 |
| <input type="checkbox"/> Student | \$20.00 |

Workshop - Glaucoma Monitoring by the Orthoptist

(cost incl. afternoon tea)

- | | |
|--|----------------|
| <input type="checkbox"/> Member/Speaker | \$30.00 |
| <input type="checkbox"/> Non Member | \$50.00 |
| <input type="checkbox"/> Student | \$15.00 |

Total:

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.